

# APPLICATION FOR COUNCIL TAX REDUCTION



## Housing Benefits

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### How we use your information

Carmarthenshire County Council collects personal data about you using this form so that we can deal with your application for Council Tax Reduction. To find out more about how we use your information, please contact **01554 742100** to obtain our Privacy Notice, or visit our website [www.carmarthenshire.gov.wales](http://www.carmarthenshire.gov.wales)

### FOR OFFICIAL USE ONLY

Date received stamp

CTR

Claim No.

### To be returned before:

Date Issued:

Reason:

Officer

Cust.DOB:

Applicants Full Name (Mr/Mrs/Miss/Ms):

Address:

Postcode:

Telephone No.:

Home:

Work:

Mobile No.:

E-mail Address:

**Please use black ink when filling out this form. You MUST answer every question and we will require evidence of some of the things declared. The checklist on part 12 will help you.**

**Do not delay sending the form back to us even if you don't have all the evidence to support your claim.**

**If you need help to fill out the form our phone number is 01554 742100**

## Part 1 - About you and your partner

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

*By partner we mean someone you are married to or live with as if you were married, which includes Civil Partnerships. If you have a partner, you must answer all of the questions about them, as well as yourself.*

	You	Your partner
Last name:		
Other names:		
Any other last names you have used Title (Mr, Mrs, Ms, etc.)		
Address: <i>Do not tell us your partner's address if it is the same as yours.</i>		
Postcode:		
Date of birth:		
National Insurance number: <i>You can find this on payslips or letters from the Department for Work and Pensions. We cannot decide your claim if we do not have your National Insurance number.</i>	If you do not have a National Insurance number, or cannot find it, tick this box <input type="checkbox"/>	If your partner does not have a National Insurance number, or cannot find it, tick this box <input type="checkbox"/>
Daytime phone number:		
E-mail address:		
Date moved in:		
Have you or your partner claimed Housing Benefit or Council Tax Reduction before?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you claim? __ / __ / __	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they claim? __ / __ / __
Which council did you/ they claim from?		
What name did you/ they claim in?		

## Part 1 - About you and your partner - continued

What address did you claim for?	What address did they claim for?	
Postcode	Postcode	
Have you told that council that you have moved?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you have moved home in the last 12 months, tell us your last address.		
Postcode:	Postcode:	
Were you the home owner, a private tenant, a council tenant, a boarder or joint tenant at this address?		
What is your nationality?		
Have you or your partner been living in the UK for less than 3 months (this includes British Nationals returning after a period of absence)?		
On what date did you last enter the UK? <i>The UK is England, Northern Ireland, Scotland and Wales.</i>		
How long do you intend staying in the UK?		
Are you or your partner in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' when did you go in?  When are you due out (if known)?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' when did they go in?  When are they due out (if known)?
Do you or your partner get Disability Living Allowance or Personal Independence Payment (PIP)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner receive an Armed Forces Independence Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ p/w	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ p/w

## Part 1 - About you and your partner - continued

	You	Your partner
Do you or your partner get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does anyone get Carer's Allowance for looking after you or your partner? <i>If yes, please give the name and address of the person receiving this allowance.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> Name: Address:	No <input type="checkbox"/> Yes <input type="checkbox"/> Name: Address:
Have you or your partner ever claimed Carer's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' please confirm date claimed? __ / __ / __	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' please confirm date claimed? __ / __ / __

**Still tick 'Yes' if you were not paid any Carer's Allowance. This could have been because you had an underlying entitlement to Carer's Allowance but were better off getting another social security benefit.**

	You	Your partner
Do you or your partner have a vehicle from a Mobility scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you/your partner an approved foster carer?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have any resident foster children?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Please tick if you or your partner are:</b>		
A Trainee/Apprentice Date started: Date due to cease Name of Training organisation	<input type="checkbox"/> __ / __ / __ __ / __ / __	<input type="checkbox"/> __ / __ / __ __ / __ / __
In legal custody - on remand Date sentenced	<input type="checkbox"/> __ / __ / __	<input type="checkbox"/> __ / __ / __
Severely mentally impaired	<input type="checkbox"/>	<input type="checkbox"/>
Registered severely sight impaired	<input type="checkbox"/>	<input type="checkbox"/>
Long-term sick or disabled	<input type="checkbox"/>	<input type="checkbox"/>
A student who has recently finished a course part way through the academic year	<input type="checkbox"/>	<input type="checkbox"/>

**We will contact you if we need any more information.**

## Part 1 - About you and your partner - continued

### Students

Normally Housing Benefit will only be available to:

Part-time Students – Please provide college document stating number of guided learning hours per week.

Full time Student who is:

- Receiving Income Support/Jobseekers allowance (income based)
- In further education aged up to and including 21 years old (in some cases)
- Classed as disabled
- Lone parents or couples (both students) with dependant child(ren)
- Couple where one is a student, the non student is entitled to make a claim for benefit as a couple.

\* Please note you may not be eligible for a Council Tax Reduction if you are a student pensioner.

	You	Your partner
Are you or your partner a student? If 'Yes' answer the following:	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'No' to both, please go to <b>Part 2</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you or your partner are a foreign student, please state your nationality:		
Do you receive a grant?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____
<b>If yes please state:</b>		
• Annual value of grant	£ _____	£ _____
• Value of any Deed of covenant	£ _____	£ _____
• Value of Parental Support	£ _____	£ _____
• Student Loan income	£ _____	£ _____
• Parental Learning Allowance	£ _____	£ _____
• Length of course	£ _____	£ _____
Date academic year starts:		
Date academic year ends:		
Date course commenced:		
Date course ends:		

Please enclose evidence of grant award, student loan income, covenant or any other income.

## Part 2 - About Children (please complete even if in receipt of income support)

You may be able to get more benefit if there are children in your household and they are:

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged between 16 and 20 and in full time non-advanced education or in approved training. 'Non-advanced' means not above 'A' level or 'Higher' standard. Approved training' means skillbuild, traineeships or foundation apprenticeships.

Are there any children in your household?

No  Go to **part 3**

Yes  If there are more than three children, use a separate sheet of paper to tell us all the information we ask for on this page. **If you are sending a separate sheet of paper, tick this box**

	First Child	Second Child	Third Child
Last name:			
Other names:			
Date of birth:			
What is the child's sex:			
The child's relationship to you:			
The child's relationship to your partner:			
Usual address if different from yours:			
Child benefit number:			
Who gets the child benefit for them? <i>We need to see proof of this.</i>			
Please give the name(s) of any Foster Child(ren) living with you:			
Is the child registered severely sight impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the child have savings of more than £5000? If 'Yes', how much? <i>(we need to see evidence of this).</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____
Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the child require a separate bedroom due to disability?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' we will contact you for further information.		

## Part 2 - About Children - continued

	First Child	Second Child	Third Child
Do you pay a registered childminder, nursery, after school club or any childminding costs for this child?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' tell us the name and registration number of the minder.	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' tell us the name and registration number of the minder.	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' tell us the name and registration number of the minder.
Name:			
Address:			
Registration No.:			
How much do you pay a week? <i>We need to see evidence.</i>	£	£	£

**Your childcare provider needs to complete the HBD form to verify the childcare charges you are paying.**

**Please note this form should only be completed if you/your partner are employed for over 16 hours or more per week**

## Part 3 - About other people who live with you

Do any adults usually live with you and your partner? <i>By adults we mean people over 16 who nobody gets Child Benefit for. e.g adult son, daughter, aunt, brother.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Give details below</i>
Does anyone usually live with you but are currently serving as a member of the Armed Forces?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Give details below</i>
Now tell us about all the people who usually live with you and your partner. 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. <input type="checkbox"/>	

	First Person	Second Person	Third Person
Last name:			
Other names:			
Date of birth:			

## About other people who live with you

	First person	Second person	Third person
Their relationship to you or your partner			
Their National Insurance Number:			
Do they get:-			
Income Support	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Job Seekers Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Employment Support Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Universal Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Carer's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' for whom is it paid?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' for whom is it paid?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' for whom is it paid?
Name:			
Address:			
Are they a full-time student a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' tell us which?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' tell us which?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' tell us which?
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' how much? £	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' how much? £	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' how much? £
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did they go into legal custody?			
When were they sentenced?			
When are they expected out?			
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did they go in?			
When will they come out?			



### Part 3 - About other people who live with you - continued

	First person	Second person	Third person
Do they normally work for 16 hours or more a week? <i>(We need to see evidence of their earnings)</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Tell us their earnings before any deductions</i> £	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Tell us their earnings before any deductions</i> £	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Tell us their earnings before any deductions</i> £
Do they have any other income at all? <i>e.g. Working Tax Credit, Child Tax Credit, Child Benefit, interest from savings.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>We need to see evidence of other incomes</b>			
Where does this income come from?			
How much is it before deductions?	£		
Where does this income come from?	£		
How much is it before deductions?	£		
Where does this income come from?	£		
How much is it before deductions?	£		
Are any of the people who normally live with you married to each other or living together as if they were married?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
	is the partner of		
And	is the partner of		

## Part 4 - About Income Support, Income-Based Jobseekers Allowance, Employment Support Allowance(IR), Pension Credit and Universal Credit

	You	Your partner
Are you or your partner getting:-		
Job seekers allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Employment Support Allowance (income related)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Pension Credit (guarantee credit)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Universal Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner WAITING to hear about a claim for any of the fore-mentioned benefits?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' when did you claim? __ / __ / __	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' when did you claim? __ / __ / __
Pension Credit (Savings Credit) Are you or your partner getting Savings Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## Part 5 - About Benefits and Pensions

Do you or your partner claim any benefits, pensions? If 'No' then go to part 6. If 'Yes' tell us about them.	No <input type="checkbox"/> Yes <input type="checkbox"/>
-----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

We need to see proof of any benefits or pensions you have. The proof should be an original, not a photocopy. State gross entitlement even if you are repaying a loan.

	You	Your partner
Do you receive Child Benefit?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive Child Tax Credits? <i>We need to see your award letter.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive Attendance Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive Severe Disablement Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every

## Part 5 - About Benefits and Pensions - continued

	You	Your partner
Do you receive Carer's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Name and address of person you claim this for?	Name: Address:	Name: Address:
Do you receive Personal Independence Payment (PIP)?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive Industrial Injuries Benefits?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive Working Tax Credit? <i>We need to see your award letter.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive contribution-based Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive any Employment Support Allowance or Incapacity Benefit?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive Statutory Sick Pay?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive Statutory Maternity Pay?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive a Maternity Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive Paternity Pay?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every

## Part 5 - About Benefits and Pensions - continued

	You	Your partner
Do you receive a Training Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive a Youth Training Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
If there are any other benefits you receive which are not listed on the previous page, please give the details here.	Name of the benefit: _____ £ _____ every	Name of the benefit: _____ £ _____ every
	Name of the benefit: _____ £ _____ every	Name of the benefit: _____ £ _____ every
Do you receive a state retirement Pension?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Do you receive a War Pension?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Date of last increase? (if known) ___ / ___ / ___		
Do you receive an Annuity? <i>We need to see evidence.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Date of last increase? (if known) ___ / ___ / ___		
Do you receive a works pension from a former employer? <i>We need to see your payment advice slip.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Date of last increase? (if known) ___ / ___ / ___		
Do you receive any other pension? <i>We need to see your payment advice slip.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every
Date of last increase? (if known) ___ / ___ / ___		
Do you receive either a Social Fund payment or Discretionary Assistance?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every

## Part 6 - Your Other Income

We need to see proof of any other income, this must be an original document, for example:

- An award notice showing the income being paid;

Do you or your partner have any other money coming in? If 'No' go to part 7 for details of you/your partners work If 'Yes' tell us about them (please see the list below to give an example of what we mean by other money).		No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you receive special Guardianship allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every	
Has special guardianship been awarded? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' please provide proof.		
Do you receive any maintenance Payments?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive money from a trust fund? How much do you get?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive cash in lieu of coal? How much do you get?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive any money from fostering? How much do you get?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive an adoption allowance? How much do you get?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive any money from charity? How much do you get?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive financial support as a student? How much do you get?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive any rent from tenants? How much do you get?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive any money from someone else? Who pays this money?  How much do you get?	No <input type="checkbox"/> Yes <input type="checkbox"/>  _____  £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/>  _____  £ _____ every _____
Have you or your partner applied for any income that you have not yet received, or do you receive any other income not declared on this form? Who from?  How much do you expect to get?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' what is it?  _____ _____ £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' what is it?  _____ _____ £ _____ every _____

## Part 7 - About your work

You must answer every question if you or your partner are working.

	You	Your partner
Have you or your partner been incapable of work for more than 28 weeks, due to ill health?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner work? If 'No', go to part 8. If 'Yes' please state the number of hours worked in a week?	No <input type="checkbox"/> Yes <input type="checkbox"/>  No. of hours: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>  No. of hours: _____
When did you start work?	__ / __ / __	__ / __ / __
What is your occupation?		
If you work for an <b>employer</b> please complete the rest of this section, if you are <b>self-employed</b> please go to part 7A.		
Is your employment for a fixed period? If 'Yes', what date will your employment cease?	No <input type="checkbox"/> Yes <input type="checkbox"/> __ / __ / __	No <input type="checkbox"/> Yes <input type="checkbox"/> __ / __ / __
What kind of work do you do?		

	You	Your partner
What is your main employers name and address?		
	Postcode: _____	Postcode: _____

	You	Your partner
Method of payment e.g. cash, cheque, direct to Bank Account		
How often are you paid e.g. weekly, 4 weekly, monthly etc.		
Please give the following details: If not applicable please state 'None' in the boxes		
Take home pay	£ _____	£ _____
Statutory sick pay, maternity pay or paternity pay	£ _____ Date commenced: __ / __ / __	£ _____ Date commenced: __ / __ / __
Bonus, Commission	£ _____	£ _____
Tips	£ _____	£ _____
Overtime	£ _____	£ _____

## Part 7 - About your work

	You	Your partner
What is your payroll number?		
Do you or your partner contribute to a Personal Pension Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', give the weekly amount paid. <i>Please provide proof of payments</i>	£ _____	£ _____
What date is your next pay increase due?		
Do you or your partner have any other jobs?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes please give details below, i.e. employers name, address, number of hours worked and pay received.		

You must provide evidence of your earnings. Please provide five payslips if paid weekly, three payslips if paid fortnightly or two payslips if paid monthly or 4 weekly.

- This evidence must include the following:
- The name and address of your employer
- Gross income in year to date
- Income tax deducted
- The number of hours worked and the period covered
- Gross income for the pay period
- National insurance contributions deducted
- Occupational pension or personal pension contributions made by the employee
- The method of payment e.g. cash, cheque, into the bank.

If you do not have payslips you may ask your employer to complete the certificate of earnings (HBB). This can be found at the end of this form. If the evidence requested is not provided your claim may be delayed.

## Part 7a - About being self-employed

	You	Your partner
Are you or your partner self employed? If 'No', go to part 8. If 'Yes', please give details.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Name of business:		
Type of business:		
Insert number of hours worked:		
Are you a partner in the business? If 'Yes' please provide the partnership agreement.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you receive any Government Business Allowances? If 'Yes' please provide details.		
Is the business a registered company? If 'Yes' please provide the registration number.	No <input type="checkbox"/> Yes <input type="checkbox"/> _____	No <input type="checkbox"/> Yes <input type="checkbox"/> _____

If you or your partner are self-employed you must send a copy of your most recent accounts and your latest tax assessment with this form. If you have been trading for less than a year and do not have accounts contact the Housing Benefit Section and request a HBE form.

## Part 7b - About being self-employed

	You	Your partner
Are you a director of a limited company? If 'Yes', we will write to you regarding this	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>



## Part 8 - Bank accounts savings and investment

We need to know about all the money you and your partner have in any sort of account with a bank or building society or any other organisation. This includes current accounts, deposit accounts, ISAs. We need to see proof of any accounts you have. This must be an original, not a photocopy. If there is not enough room for details of all your accounts, please give details in part 9.

	You	Your partner
Do you or your partner have any bank accounts, Savings, Capital or Investments? If 'No', go to <b>part 9</b> . If 'Yes', tell us about them. <b>We will need to see two recent months' statements</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
Name of organisation?		
Name of account?		
Account number?		
Amount in account?	£	£
Name of organisation?		
Name of account?		
Account number?		
Amount in account?	£	£
Name of organisation?		
Name of account?		
Account number?		
Amount in account?	£	£
Name of organisation?		
Name of account?		
Account number?		
Amount in account?	£	£

	You	Your partner
Have you or your partner received a Far Eastern Prisoner of War Payment? If 'Yes', tell us about them.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner have any National Savings certificates or Premium bonds? If 'Yes', tell us about them.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## Part 8 - Bank accounts savings and investment - Continued

National Savings certificates:			National Savings certificates:		
Issue number	Date bought	Value	Issue number	Date bought	Value
	__ / __ / __	£		__ / __ / __	£
		£			£
	__ / __ / __	£		__ / __ / __	£
		£			£

Premium Bonds:	You	Your partner
How many do you have?		
What are they worth?	£	£
Do you or your partner have any stocks and shares? <i>Please tell us the name of the companies you have shares with and the number held.</i>		No <input type="checkbox"/> Yes <input type="checkbox"/>
You		Your partner
Name of company	Number held	Name of company

	You	Your partner
Do you, or your partner, or any children you are claiming for own or partly own any property, land or timeshares, other than the home you live in, either in this country or abroad?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', tell us the address:		
	Postcode:	Postcode:
How much is it worth?	£	£
If you have a mortgage or loan for this, how much is left to repay?	£	£
Do you or your partner have any other investments, cash or savings? If 'No', go to <b>part 9</b> . If 'Yes', tell us about them.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please give the account details and value.	Name:  £	Name:  £
Have you or your partner received a lump sum payment because you deferred your State Retirement Pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you receive or have you been awarded payments from the Financial Assistance Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## Part 9 - Anything else you need to tell us

Use the box below 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 separate sheets of paper with this form, tell us how many.

## Part 10 - Backdating

The date of claim is the date we receive your application form. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier.

If you want us to consider backdating your claim for Council Tax Reduction to an earlier date, tell us what date you would like this to be and why you did not make a claim from this date at the time.

Please note the maximum period allowed for backdating is three months if you are a pensioner and three months if you are of working age. If backdating is allowed generally your entitlement will start from the date of your request (up to a maximum of three months).

**What date to you want to claim from?** \_\_/\_\_/\_\_

Tell us why you have not claimed before.

## Part 11 - 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, they must also sign to confirm all the details about them are correct.

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

I/We understand the following:

- If I/We give information that is incorrect or incomplete, you may take action against me/us. This may include court action.
- You will use the information provided to process my/our claim for Council Tax Reduction. You may check some of the information with other sources as allowed by the law.
- You may use any information provided in connection with this and any other claim for social security benefits that I/We 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/us money, if the law allows this.

I/We know I/We must let the Housing Benefit Section know about any change in my/our circumstances (see overleaf), which might affect my/our claim. I/We declare the information given on this form is correct and complete.

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.

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

Name of the person who filled in the form:.....

Signature of person:  Date:

Relationship to the person claiming:  Date:

Housing Benefits, Ty Elwyn, Llanelli, Carmarthenshire SA15 3AP. Tel: (01554) 742100  
HB@carmarthenshire.gov.wales

If you are completing this form you must ensure that your full name and address is provided along with your claim number (if known).

HBB

**Council Tax Reduction**

CLAIM NO: \_\_\_\_\_

**CERTIFICATE OF EARNINGS**

Note to Applicant: Please complete Section A and ask your employer to complete Section B or C and D. The completed form should be returned to the Council.

**A** Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Nat. Ins. Number: \_\_\_\_\_ Works/Payroll No: \_\_\_\_\_

**Note to Employer:** Please assist the applicant by completing Section B or C below showing the latest 5 weeks or 2 months pay, and Section D.

**B WEEKLY PAID EMPLOYEES**

	Gross Pay		Income Tax		Employee's Nat. Ins.		Employee's Pension Contr.		NETT
	£	p	£	p	£	p	£	p	
1. Week ending / /									
2. Week ending / /									
3. Week ending / /									
4. Week ending / /									
5. Week ending / /									
Total									

**C MONTHLY PAID EMPLOYEES**

	Gross Pay		Income Tax		Employee's Nat. Ins.		Employee's Pension Contr.		NETT
	£	p	£	p	£	p	£	p	
1. Month ending / /									
2. Month ending / /									
Total									

Does the information above represent the employee's normal average income? Enter YES or NO

If not please enter details of average \_\_\_\_\_

**D** 1. Date employment commenced \_\_\_\_\_  
 2. Date of last pay increase \_\_\_\_\_  
 3. Hours worked weekly \_\_\_\_\_  
 4. If figures given above include amounts for Statutory Sick Pay, please give dates involved:-  
 S.S.P Commenced \_\_\_\_\_ S.S.P still in payment/ended \_\_\_\_\_

The employer is requested to sign this form and authenticate it by the firms official stamp.

Signature of Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Employer's Tel. No. \_\_\_\_\_

**Please complete and return to - Ty Elwyn, Llanelli, Carmarthenshire SA15 3AP**

**Name of Applicant:**  
**Address:**

NOTE TO APPLICANT: Please ask the person or organisation providing the child care to complete this form. Please ensure both you and your childcare provider sign the declarations below.

Please tick the type of childcare that applies to you:

- Registered childminder caring for your child in your home or their home
- Registered nursery care for your child on nursery premises
- Registered play scheme
- Other (please describe type of care):
- Nursery or play scheme on government property
- Out of hours club run by Local Authority
- Out of hours club at school

Please give us the name and the address of the Child Care Provider:

Phone number of premises:.....

Please fill in the following for each child that you pay childcare for. For more than one child please request additional forms

Child's full name		
Number of days the child attends per week	Full days	Half Days
Number of weeks the child attends during the year		
Weekly Charge (term time)	£	
Number of weeks at this rate		
Weekly Charge (School Holidays)	£	
Number of weeks at this rate		
Date started paying child care costs		
Are there any periods when you do not pay for childcare		
Please give details of any future changes/ or recent changes		
Date of last increase/decrease and rates changed from		

If childcare fluctuates on a regular basis please provide a breakdown of the charges for the last 6 months.

CLAIMANTS DECLARATION: I have carefully checked the information on this form and declare it is true and complete to the best of my knowledge. I know I must notify the council in writing straight away of any changes that happen.

Claimants Signature \_\_\_\_\_ Date \_\_\_\_\_

CHILDCARE PROVIDERS DECLARATION: I confirm the above information is true and complete

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Official Stamp (If Available)

## **Your Duties**

You must tell us straight away about any changes that may affect your Council Tax Reduction, in writing, to the Benefits Section, Ty Elwyn, Llanelli, SA15 3AP or by email to **HB@carmarthenshire.gov.wales**

### **The following are examples of changes of circumstances that everyone must report promptly to the Benefits Section:**

- You and / or your partner are in receipt of / or become entitled to Universal Credit.
- Any change to your Universal Credit award.
- You change your address (this includes moving room within a shared house).
- The number of people living with you (including any joint tenants and any people that live with them).
- You, your partner or someone else in your household starts or finishes work or has a change in their income or savings.
- Any of your children leave school.
- Any changes to your tax credits.
- You leave your address at all (e.g. you go on holiday or into hospital)
- You and / or your partner go to prison.
- You decide to stay permanently in residential care or a nursing home.
- You become a student.

### **If you do not receive Pension Credit you must also tell us:**

- About any change to you or your partner's income and / or savings.
- If you and / or your partner stops receiving Income Support, Job Seeker's Allowance or Employment Support Allowance.

**You must not rely on the Department for Work and Pensions or the Job Centre to tell us.**

### **If you are receiving Savings Pension Credit you must tell us**

- If your savings go over £16,000 (this includes stocks, shares, bonds and the value of any property other than your home that you own)

**Please note that the above list is not exhaustive. If any circumstances not listed above change please contact the Benefits Section.**

**It is an offence not to tell us about any change of circumstance that affects your entitlement to Council Tax Reduction. We may take court action against you and if we pay you too much benefit, you will probably have to pay it back.**

**If you wish to submit your application at the Hwb please visit our website [www.carmarthenshire.gov.wales](http://www.carmarthenshire.gov.wales) or telephone 01267 234567 to make an appointment.**

## Part 12 - Checklist

Please tick to tell us 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 wish to bring the form and any documents into one of the Council's HWB's in Llanelli, Ammanford or Carmarthen you will need to make an appointment first and can be done via our website.

**If you do not provide all the original evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one, and for any other adults living in your home.**

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later.

- Evidence of identity (please provide 2 documents for both yourself and partner)**  
Such as birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill.
- Evidence of National insurance number (please provide one document for both yourself and partner)**  
Such as a National Insurance number card, payslips or letters from the Department for Work and Pensions.
- 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 2 months.
- Evidence of earnings**  
This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. 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 6 months, a summary of your trading records so far.
- Evidence 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 evidence of any money people pay you for board and lodgings.
- Evidence of benefits, allowances or pensions**  
Such as current award notices or letters from dept for work & pensions confirming how much you get. If it is a new award, your last bank statement or your current benefit or pension book. If you do not have evidence, let us know straight away. Please do not send order books through the post.
- Evidence of Residency**  
Proof of residency is required, such as sight of utility bills, TV licence in some cases a visit may be required to confirm residency.