

HOUSING AND COUNCIL TAX SUPPORT REVIEW FORM

Reference Number _____

Date Issued Date _____

Received _____

Your claim for Housing Benefit/Council Tax Support is being reviewed, please complete all sections and return the form to the address on page 4. It is important that you complete and return this form to us without delay. If we do not receive the completed form within one month of the date issued, we may have to suspend or cancel your claim. Please include all supporting evidence.

About you and your partner

Please provide details of you and your partner

	You	Your partner
First name		
Surname		
Address		
Telephone number		
Email address		
National Insurance number		
Date of birth		
Date Partner moved in		

About your home

Please tick one of the following

Do you own your own home or pay a mortgage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you pay rent to the Council	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you pay rent to a Housing Association	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you pay rent to a private landlord	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you live in board and lodgings	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Household Composition

Please list the names of everybody who normally lives with you. If none please write 'none'

Full name	Relationship to you	Date of Birth	Date moved in	Income/Account

Benefits Received from the Department of Works & Pensions

Please give details of all benefits you or your partner receive and how often it is received (eg, weekly, four weekly, monthly etc). If none please write

Type	Amount	How often	In whose name is it paid

Earnings (please send in proof of the current amount)

Please give details of all earnings you or your partner receive and how often it is received (eg, weekly, four-weekly, monthly etc). If none, please write 'none'

Name and Address of Employer	Amount	How Often paid	Weekly hours worked	Date started

Self employed (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Income (please send in proof of the current amount)

Please give details of all income that you and/or your partner receives. For example Tax Credits.

Name	Relationship to you	Type of Income	Gross Amount	What has changed	Date of change

Do you pay for childcare?

Yes No **Date started/ceased**

Please provide proof of this

Capital (please send in proof of the current amount)

Please give details of all bank or building society accounts, investments, shares, property, land etc. Please provide account number and the balance for each account.

Name of person who holds the account	Account Type	Name of Bank/ Building Society/Post Office	Account Number	Amount	Date of change

If you have property/land please provide proof of its current value.

Other changes

Please tell us about any other income you have that you have not already declared on this form or any other changes that have happened since your last claim.

YOUR DECLARATION

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

I understand the following:-

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Support, or both.
- You may check some of the information with other sources within the Council, Rent Offices, and other Councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make.
- You may give some information to other government organisations, if law allows this.

I know I must let the Council know about any changes in my circumstances, which might affect my claim.

I declare the information I have given on this form is correct and complete.

Signature of Person Claiming

Date

Partners 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 the person

Date

Relationship to the person claiming

Authority to discuss

If you authorise a third party to discuss your claim please put their details below:

IF YOU NEED HELP FILLING IN THIS FORM

You should contact the Benefits Office by phone on 01444 477264

or by email: benefit@midsussex.gov.uk

Mid Sussex Revenues and Benefits Services, PO Box 10607, Nottingham, NG6 6DU