

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Revenues and Benefits  
Council Offices  
South Street  
Rochford  
Essex  
SS4 1BW  
Phone: 01702 318197 or 01702 318198  
Email: [revenues&benefits@rochford.gov.uk](mailto:revenues&benefits@rochford.gov.uk)

## Council Tax Support or Second Adult Reduction claim form

This form is for you to give us the information we need to work out your Council Tax Support. It explains what you and we have to do when you make a claim.

**Please do the following.**

- Look at the checklist on page 21 (section Q) for the types of proof you will have to give us with this form.
- **Read and sign the declaration on page 26** (section R) before you return this form to us.
- Fill in this form in black ink. **Do not use pencil.**
- Answer **all** the questions.
- Tick the 'Yes' or 'No' boxes. **Do not put crosses in or leave boxes blank.**
- Give us **original documents only. We do not accept photocopies.**

If you need help to fill in this form, or you have a question for us, please come to our office at the address shown above, phone us on 01702 318197 or 01702 318198, or email us at [revenues&benefits@rochford.gov.uk](mailto:revenues&benefits@rochford.gov.uk)

**Remember**

- Return your filled-in, **signed** form to us straightaway.
- You must give us any proof (that you have not sent with this claim form) within one month of us sending this form to you.

**For office use only**

Date of contact	/ /	Claim number	
Date of issue	/ /	C/Tax ref	
Date received	/ /		

## Notes for filling in this form

### About this form

This form may seem long, but every question is important. Each section starts with a question to help you decide if you need to fill in that section.

### Second Adult Reduction

Second Adult Reduction is only available to people who are State Pension Credit age who share their home with some who:

- is not their partner;
- is 18 or over
- is on a low income; and
- does not pay them rent;

If you are claiming Second Adult Reduction, only fill section A on page 4, section C on page 7 and section R on page 26 of this form.

### Proof

We need to see proof of some of the things you tell us about. There is a checklist at the end of this form to help you.

We cannot pay Council Tax Support until we have seen the proof we have asked for. You can send your documents by email to [revenues&benefits@rochford.gov.uk](mailto:revenues&benefits@rochford.gov.uk)

### Filling in the form

If you are filling in this form by hand, use black ink. Do not use pencil. If you make a mistake, just put a line through it and write the correct answer next to it. Do not use correction fluid or tape.

Answer 'Yes' or 'No' questions by putting a tick in the relevant box. If you are picking one answer from a list of answers, put a tick in the relevant box.

If someone else fills in this form for you, they must fill in section S on page 26.

### What to do next

When you have filled in this form, sign it and send it to us with the proof we need to see.

Even if you cannot get the proof straightaway, **you should still send this form to us as soon as you have filled it in**. If you do not send this form to us straightaway, you might lose money. If you cannot get the proof within two or three weeks, let us know – we may be able to help you.

### Changes you must tell us about

Tell us straightaway if:

- any of your children leave school or leave home;
- anyone moves into or out of your home, including lodgers and boarders;

## Notes for filling in this form (continued)

- your income (including benefits) or the income of anyone living with you, changes;
- the amount of your savings or investments (for example, ISAs or shares) changes;
- you or anyone living with you becomes a student, starts an apprenticeship, goes into hospital or a nursing home, or goes into prison;
- you or anyone living with you starts work, gets a pay rise or leaves a job;
- you move;
- you or your partner are going to be away from home, for any length of time;
- you get any decision from the Home Office about your right to stay in the UK; or
- you have any other changes that you think we should know about.

**You must tell us about any changes straightaway. You can tell us by phone or email at [revenues&benefits@rochford.gov.uk](mailto:revenues&benefits@rochford.gov.uk), but we may ask you to write to us to confirm the change.**

If you do not tell us about these changes, you may lose money you are entitled to or you may get too much Council Tax Support.

**You** must tell Revenues and Benefits about these changes. Telling another council department, or relying on another agency to tell us, is not enough.

Failure to tell us within 21 days of any change that could affect your Council Tax Support could lead to a penalty of £70 or a prosecution.

It is an offence to not tell us about any change of circumstances that might affect your Council Tax Support. We may take court action against you if you keep information from us. If we pay you too much Council Tax Support, you will have to pay it back.

### **How we collect and use your information**

We will use the information you give in this form, and any proof you send us, to process your claim for Council Tax Support.

We may give your information to other organisations such as the Department for Work and Pensions and HM Revenue & Customs, but only if the law allows us to.

We may check the information you or someone else provides. We may also exchange information about you with other organisations, to:

- make sure the information you have given is correct; and
- prevent or detect crime.

The other organisations we may exchange information with include government departments, local authorities and, in certain circumstances, private-sector companies such as banks and organisations that may lend you money.

We will not give information about you to anyone else, or use the information about you for other purposes, unless the law allows us to, in line with Data Protection legislation.

If you want to know more about the information we have about you, or the way we use that information, please phone us on 01702 318197 or 01702 318198, or email us at [revenues&benefits@rochford.gov.uk](mailto:revenues&benefits@rochford.gov.uk)

## Section A

## About you and your partner

See the checklist on page 21 to help you fill in this section.

	You	Your partner								
Title (Mr, Mrs, Miss, Ms)	<input type="text"/>	<input type="text"/>								
Surname	<input type="text"/>	<input type="text"/>								
Other names	<input type="text"/>	<input type="text"/>								
Age and date of birth	<table border="1"> <tr> <td>Age</td> <td>Date of birth / /</td> </tr> </table>	Age	Date of birth / /	<table border="1"> <tr> <td>Age</td> <td>Date of birth / /</td> </tr> </table>	Age	Date of birth / /				
Age	Date of birth / /									
Age	Date of birth / /									
National Insurance number	<input type="text"/>	<input type="text"/>								
Phone number	Home <input type="text"/>	Mobile <input type="text"/>								
Email address	<input type="text"/>									
Are you:	<input type="checkbox"/> single? <input type="checkbox"/> married or in a Civil partnership? <input type="checkbox"/> divorced or separated? <input type="checkbox"/> widowed? <input type="checkbox"/> living together as though you are married or civil partners?									
If you have separated from your husband, wife or civil partner, please tell us the date you separated, their new address, and whether the separation is permanent.										
<table border="1"> <tr> <td>Date you separated / /</td> </tr> </table>	Date you separated / /	Is this separation permanent?	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>No</td> <td><input type="text"/></td> </tr> </table>	Yes	<input type="text"/>	No	<input type="text"/>			
Date you separated / /										
Yes	<input type="text"/>	No	<input type="text"/>							
<table border="1"> <tr> <td>Their new address</td> </tr> </table>			Their new address							
Their new address										
Are you in hospital?	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>No</td> <td><input type="text"/></td> </tr> </table>	Yes	<input type="text"/>	No	<input type="text"/>	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>No</td> <td><input type="text"/></td> </tr> </table>	Yes	<input type="text"/>	No	<input type="text"/>
Yes	<input type="text"/>	No	<input type="text"/>							
Yes	<input type="text"/>	No	<input type="text"/>							
If yes, when did you go into hospital?	<input type="text"/>	<input type="text"/>								
When do you think you will come out of hospital?	<input type="text"/>	<input type="text"/>								
Does anyone get Carer's Allowance for looking after you?	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>No</td> <td><input type="text"/></td> </tr> </table>	Yes	<input type="text"/>	No	<input type="text"/>	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>No</td> <td><input type="text"/></td> </tr> </table>	Yes	<input type="text"/>	No	<input type="text"/>
Yes	<input type="text"/>	No	<input type="text"/>							
Yes	<input type="text"/>	No	<input type="text"/>							
If yes, please give the name of the person who gets it.	<input type="text"/>	<input type="text"/>								
What is your nationality, for example, Irish, Polish or Nigerian?	Nationality <input type="text"/>	Nationality <input type="text"/>								

## Section A (continued)

## About you and your partner

	You				Your partner			
If you came to the UK in the last two years, when did you arrive?	/ /				/ /			
Are you off work because you are sick?	Yes		No		Yes		No	
If yes, tell us the date you last worked.	/ /				/ /			
Do you get Statutory Sick Pay?	Yes		No		Yes		No	
If yes, when did you start to get it?	/ /				/ /			
Do you get Attendance Allowance or Disability Living Allowance (care component) or Personal Independence Payment (Daily Living Component)?	Yes		No		Yes		No	

## Section B

## About dependent children who live with you

See the checklist on page 22 to help you fill in this section.

Do any dependent children live with you (children who you get Child Benefit for)?

Yes		No	
-----	--	----	--

If no, go to section C. If yes, please tell us about them below.

**If you have more than two children you must provide your latest Tax Credit Award letter – ALL PAGES**

	First child				Second child			
Surname								
Other names								
Age								
Date of Birth	/ /				/ /			
Are they registered blind?	Yes		No		Yes		No	
What is their relationship to you, for example, son or daughter?								
If the child is over 16, what date will you stop getting Child Benefit for them?	/ /				/ /			
Do they get Disability Living Allowance or Personal Independence Payment?	Yes		No		Yes		No	

**Section B (continued)**

**About dependent children who live with you**

	Third child	Fourth child
Surname	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>
Date of birth	/ /	/ /
What is their relationship to you, for example, son or daughter?	<input type="text"/>	<input type="text"/>
If the child is over 16, what date will you stop getting Child Benefit for them?	/ /	/ /
Do they get Disability Living Allowance or Personal Independence payment?	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"/>

	Fifth child	Sixth child
Surname	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>
Date of birth	/ /	/ /
What is their relationship to you, for example, son or daughter?	<input type="text"/>	<input type="text"/>
If the child is over 16, what date will you stop getting Child Benefit for them?	/ /	/ /
Do they get Disability Living Allowance or Personal Independence Payment?	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"/>

**If you have any more children, please go to section P on page 21 and give us the same information you have given about your other children.**

## Section C

## About any other people who live with you

See the checklist on page 22 to help you fill in this section.

Does anyone else live in your home who does not pay you rent as a boarder or as a tenant? This includes children you do not get Child Benefit for.

Yes		No	
-----	--	----	--

If no, go to section D. If yes, please tell us about them below.

	First person	Second person
Title (Mr, Mrs, Miss, Ms)		
Surname		
Other names		
Date of birth	/ /	/ /
What is their relationship to you?		
Are you and this person responsible for paying your mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Pension Credit, or Universal Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give us their National Insurance number.		
Do they work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many hours a week?		
How much do they get paid before tax, National Insurance and so on?	£	£
Please say whether they are paid weekly or monthly.		
If they have other income, how much is it and how often is it paid to them?	£	£
How much do they have in savings?	£	£
Tell us the names of any other benefits they get and how often they get them.		
How much do they get?	£	£

## Section C (continued)

## About any other people who live with you

	First person				Second person			
Are they a student?	Yes		No		Yes		No	
Are they an apprentice?	Yes		No		Yes		No	
Do they have a severe learning disability, mental illness or form of dementia?	Yes		No		Yes		No	
Do they provide care for you or your partner for more than 35 hours a week?	Yes		No		Yes		No	
Are they in hospital, in prison or on remand?	Yes		No		Yes		No	
If yes, what date did they go into hospital, prison or on remand?	/ /				/ /			
Are any of these people married to each other or living with each other as if they were married?	Yes		No		Yes		No	
If yes, please give us their names								

If there are any more adults living with you, please go to section P on page 21 and give us the same information you have given us about the other adults.

## Section D

## About people you rent rooms to

See the checklist on page 23 to help you fill in this section.

Do you rent any rooms to a lodger or boarder?	Yes		No					
If no, go to section E. If yes, please tell us about them below.								
	First person				Second person			
Surname								
Other names								
How much rent do you charge them each week?	£				£			
Does their rent include heating?	Yes		No		Yes		No	
Does their rent include meals?	Yes		No		Yes		No	

## Section E

### About Income Support, Pension Credit (Guarantee Credit), Employment and Support Allowance or Jobseeker's Allowance

See the checklist on page 23 to help you fill in this section.

	You				Your partner			
Do you get Pension Credit (Guarantee Credit)?	Yes		No		Yes		No	
Do you get Income Support, Income based Job Seeker's Allowance or Income-related Employment and Support Allowance?	Yes		No		Yes		No	
Do you get Universal Credit?	Yes		No		Yes		No	
If yes, what date was it awarded from?	/ /				/ /			
Are you or your partner waiting to hear about a claim for any of the above benefits?	Yes		No		Yes		No	
If yes, what date did you claim?	/ /				/ /			

If you get Income Support, Pension Credit (Guarantee Credit), income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, please go to section N on page 19. If not, please go to section F below.

## Section F

### About students

See the checklist on page 23 to help you fill in this section.

	You				Your partner			
Are you or your partner a student?	Yes		No		Yes		No	
If no, go to section G. If yes, please tell us about your course below.								
What date did your course start?	/ /				/ /			
What date will your course end?	/ /				/ /			
Do you get a student loan, grant or bursary?	Yes		No		Yes		No	
If yes, how much do you get?	£				£			
How often is it paid, for example, weekly or monthly?								

## Section G

## About your work and your income

See the checklist on page 23 to help you fill in this section.

Are you or your partner employed or a company director?  
If yes, please fill in section G1.

Yes		No	
-----	--	----	--

Are you or your partner self-employed?  
If yes, please fill in section G2.

Yes		No	
-----	--	----	--

### G1 If you are employed

	You	Your partner
Please give the date you started work.	/ /	/ /
Is your employment for a fixed period?	Yes No	Yes No
If yes, please give the date the employment will end.	/ /	/ /
How often are you paid? For example, every week, fortnight, four weeks or month?		
If you work in education are you paid in 12 instalments?	Yes No	Yes No
How much do you get paid?	£	£
How many hours a week do you work?		
Do you get regular pay rises?	Yes No	Yes No
If yes, how often do you get them? For example, every year, every six months.		
Please give your employer's name and address.		
What is your payroll number?		
Please tell us the type of work you do.		

If you have more than one job, please go to section P on page 21 and give us the same information you have given us about your other job.

**G2 If you are self-employed**

	You	Your partner
What date did you start trading?	/ /	/ /
What is your business?		
Tell us your business address.		
Are you still trading?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, what date did you stop trading?	/ /	/ /
How many hours do you work each week?		
Is your partner on the payroll of the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much are they paid?	£	£
How often they are paid? For example, every week or every month.		
Are there any other people on the payroll of the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please give their full names.

Do you use any part of your home for your business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please tell us about this. For example, you may use a room as an office, or a garage for storage.

## Section G (continued)

## About your work and your income

### G2 If you are self-employed (continued)

	You			Your partner				
Do you have accounts, audited or not audited, for the last financial year?	Yes		No		Yes		No	
If no, please tell us when they will be ready.	/ /			/ /				
Do you hold an exemption certificate, for National Insurance? For example, an age-exemption certificate?	Yes		No		Yes		No	
Do you get a New Enterprise Allowance?	Yes		No		Yes		No	
Is your business a partnership?	Yes		No		Yes		No	
If yes, what percentage of the total profit or loss is yours?	%			%				

## Section H

## About your pension

See the checklist on page 23 to help you fill in this section.

	You		Your partner					
Do you or your partner get State Retirement Pension, New State Pension, Pension Credit (Savings Credit), Widow's Pension, War Disablement Pension or a private or company pension? If yes, tell us about them below.	Yes		No		Yes		No	
If you do not get any of these pensions, go to section I.								
	You		Your partner					
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?				
State Retirement Pension/ New State Pension	£		£					
Pension Credit (Savings Credit)	£		£					
Widow's Pension	£		£					
Widow's Disablement Pension	£		£					
Private or Company Pension	£		£					

## Section H (continued)

## About your pension

	You	Your partner
If you have a private or company pension, what is the name of the company?	<input type="text"/>	<input type="text"/>

Please tell us below about any other pensions you receive.

Do you have a pension pot that you can withdraw money from?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, please tell us about any money you are currently drawing and the total amount of money in the pot.

## Section I

## About your income

See the checklist on page 23 to help you fill in this section.

Do you or your partner get, or have recently applied for any of the benefits listed below?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, please fill in the relevant boxes below. If no, go to section J.

	You		Your partner	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Child Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Contribution-based Jobseeker's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Contribution-based Employment and Support Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Child Tax Credit - <b>you must provide your full award letter</b>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

	You		Your partner	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Working Tax Credit	£		£	
Disability Living Allowance (care component), or Personal Independence Payments (daily living)	£		£	
Disability Living Allowance or Personal Independence Payments (mobility component)	£		£	
Attendance Allowance	£		£	
Bereavement Allowance	£		£	
Severe Disablement Allowance	£		£	
Industrial Injuries Benefit	£		£	
Maintenance payments for you	£		£	
Maintenance payments for your children	£		£	
Guardian's Allowance, Foster Allowance or Statutory Adoption Pay	£		£	
Maternity Allowance, Paternity Pay or Statutory Maternity Pay	£		£	
Widowed Parent's Allowance	£		£	
Carer's Allowance	£		£	

If you get Carer's Allowance, who do you care for?

If you have applied for any of the benefits above in the last three months, please tell us which benefits you have applied for below.

## Section J

## About your money, savings and investments

See the checklist on page 24 to help you fill in this section.

**J1** Do you or your partner have any bank accounts?

Yes		No	
-----	--	----	--

If no, go to section J2. If yes, please tell us about them below. Include accounts that are overdrawn.

How many bank accounts do you have?

**You**

**Your partner**

Name of the bank	Account number	Balance	Balance
		£	£
		£	£
		£	£
		£	£

**J2** Do you or your partner have any building society accounts?

Yes		No	
-----	--	----	--

If no, go to section J3. If yes, please tell us about them below. Include accounts that are overdrawn.

How many building society accounts do you have?

**You**

**Your partner**

Name of the building society	Account number	Balance	Balance
		£	£
		£	£
		£	£
		£	£

If you have any more bank or building society accounts, please go to section P on page 21 and give us the same information you have given us about your other accounts.

**J3** Do you or your partner have any of the following savings, investments or payments?

Yes		No	
-----	--	----	--

If no, go to section K. If yes, please fill in the relevant boxes.

**You**

**Your partner**

**Amount**

**Account number**

**Amount**

**Account number**

Post Office account

£	
---	--

£	
---	--

Credit Union account

£	
---	--

£	
---	--

	You		Your partner	
	How many do you own?	Date of issue	How many do you own?	Date of issue
National Savings Certificates	£		£	
	Number of units	Names of investment companies	Number of units	Names of investment companies
Shares, stocks or unit trusts	£		£	
	Amount		Amount	
ISAs	£		£	
Income or Premium Bonds	£		£	
	Amount	What date did you receive it?	Amount	What date did you receive it?
Far East Prisoner of War Payment, or compensation payment to victims of atrocities during World War Two	£	/ /	£	/ /
	Amount	Who paid you the lump sum?	Amount	Who paid you the lump sum?
Any lump sums you have received in the last 52 weeks	£		£	
	Amount		Amount	
Cash savings	£		£	

**If you have any other savings, please tell us about them below**

**Section K****About any other income****See the checklist on page 24 to help you fill in this section.**

Do you or your partner have any other income?

Yes		No	
-----	--	----	--

If no, go to section L. If yes, please tell us about it below.

**You****Your partner**

Do you get a regular income from a charity or from a member of your family?

Yes		No	
-----	--	----	--

Yes		No	
-----	--	----	--

If yes, please tell us how much you get, how often you get it and what it is for.

--

Do you or your partner get any other income that you have not already told us about? This includes insurance annuities and home income plans.

**You****Your partner**

Yes		No	
-----	--	----	--

Yes		No	
-----	--	----	--

If yes, please tell us how much you get, how often you get it and what it is for.

--

**Section L****About other property****See the checklist on page 25 to help you fill in this section.**

Do you or your partner own or have a share in any other property or land, in this country or abroad?

Yes		No	
-----	--	----	--

If no, go to section M. If yes, please give the address or addresses below.

--

Is the property up for sale?

Yes		No	
-----	--	----	--

If yes, what date was it put up for sale?

/	/
---	---

## Section L (continued)

## About other property

Do you or your partner get any rent from this property?

Yes		No	
-----	--	----	--

If yes, please tell us how much you get and how often it is paid?  
For example, every week or every month.

£	
---	--

If you or your partner used to live in this property, please tell us  
the date that you left.

/	/
---	---

Has the person who lives in your property ever been your partner?

Yes		No	
-----	--	----	--

If yes, are they a lone (single) parent?

Yes		No	
-----	--	----	--

Do their dependent children live with them?

Yes		No	
-----	--	----	--

Does an elderly or disabled relative live in the property?

Yes		No	
-----	--	----	--

If yes, please tell us their date of birth.

/	/
---	---

## Section M

## About payments you make

See the checklist on page 25 to help you fill in this section.

**M1** Do you or your partner pay for childcare for any child  
under 15 or a disabled child who is under 16?

Yes		No	
-----	--	----	--

If no, go to section M2. If yes, please tell us about the childcare below.

How much childcare do you pay each week?

£	
---	--

Please tell us which child/children you pay child care for.

--

Do you receive any government funding towards your  
childcare costs?

Yes		No	
-----	--	----	--

If yes, please tell us how much you receive each week?

£	
---	--

Please give the name, address and registration number of your registered childminder or the  
name and addresses of the people who look after your children.

--

Do you pay for childcare:

school term-time only

school holidays only

school term-time and  
school holidays

## Section M

## About payments you make

**M2** Do you or your partner pay into a private pension scheme?

Yes		No	
-----	--	----	--

If no, go to section N. If yes, please tell us about it below

**You**      **Your Partner**

Who is paying into a private pension scheme?

--	--

How much is paid into the private pension scheme?

£
---

How often do you pay? For example, every week or every month?

£
---

## Section N

## About your home

Please give the full address and postcode of the property you are claiming Council Tax Support for.

--

Do you own or rent this property?

Own		Rent	
-----	--	------	--

If you own this property, please give the date you bought it.

/	/
---	---

If you rent this property, please give the date your tenancy started.

/	/
---	---

**Please give us the date you moved into this address.**

/	/
---	---

Have you lived at the above address for less than 12 months? If yes, please give the full address you lived at before.

--

## Section N (continued)

## About your home

	You				Your Partner			
Do you own your home or have a mortgage on it?	Yes		No		Yes		No	
Do you own your home but have to pay ground rent?	Yes		No		Yes		No	
Are you responsible for paying the council tax at your address?	Yes		No		Yes		No	
Did you get Council Tax Support at your last address?	Yes		No		Yes		No	
Is the address you currently live at your main or only home?	Yes		No		Yes		No	
Do you use any part of your home for business purposes?	Yes		No		Yes		No	

## Section O

## Backdating Council Tax Support

We usually pay your Council Tax Support from the Monday after we get your claim form.

### O1 Take-on-period

If you are over State Pension Credit age and you are entitled to Council Tax Support we can consider awarding benefit for a period of three months before you applied. This is known as 'take-on-period'.

Would you like to claim 'take-on-period'?

Yes		No	
-----	--	----	--

You will need to give us proof of your income and savings for the three months before you claimed.

### O2 Backdating benefit

If you are both under State Pensions Credit age, or either of you are over State Pension age and claiming Income Support, Jobseeker's Allowance or Employment and Support Allowance, you can ask for your claim to be backdated for a maximum of one month. You must show you have a good reason for not claiming before now.

Please tell us the date you would like to claim Council Tax Support from **up to a maximum of one calendar month**.

/	/
---	---

You will need to give us proof of your household's income and savings for the backdated period you have claimed for.

## Section O (continued)

## Backdating Council Tax Support

Please tell us below why you have not claimed before now. We may ask for more information later. If you need more space, please use a separate sheet of paper.

## Section P

## Further information

Please use this space to give us any other information. If you need more space, please use a separate sheet of paper.

## Section Q

## Checklist

Please tick the relevant box to tell us what proof you are sending with this form. We must see **original** documents, not copies.

**If you do not provide all the proof we need, we might not be able to pay you any Council Tax Support. We need the same proof for you, your partner (if you have one) and for any other adults living in your home.**

If you cannot send the proof we need, send the form back to us **now** and send the proof to us within **one month**. We can start to work on your claim, **but we will not be able to pay you any Council Tax Support until we have all the proof we need.**

### Section A – About you and your partner

**Proof of your identity** – we need to see one of the following documents for each adult you are claiming for. Please tick the box to show which documents you are sending with this form.

- Birth certificate
- Marriage certificate
- Civil partnership schedule
- NHS medical card
- Driving licence
- Passport

**Proof of your National Insurance number** – we need to see one of the following documents for each adult you are claiming for. Please tick the box to show which documents you are sending with this form.

National Insurance card

- P45
- P60
- A benefit award letter
- A private-pension slip
- A payslip

**Proof of where you live** – We need to see one of the following documents for each adult you are claiming for. Please tick the box to show which documents you are sending with this form. The document must be for the address you are claiming for.

- A utility bill from a gas, electricity or water company
- A phone bill (we cannot accept a mobile-phone bill)
- A bank statement

We need to see **one** original document from **each** of the above three lists for every person. **One** to prove your identity, **one** to prove your National Insurance number and **one** to prove you are living at the property.

### Section B – About dependent children who live with you

- We need to see proof of Child Benefit for each child (for example, a Child Benefit award letter.)

### Section C – About any other people who live with you

We need to see proof of their income. Tick the relevant box to show which documents you are sending with this form.

- Five payslips, if they are paid weekly
- Three payslips, if they are paid every two weeks
- Two payslips, if they are paid monthly
- Accounts for 12 months, if they are self-employed
- Their latest benefit award letter
- A letter from the student loans company, showing the amount of their student loan
- Proof of their savings and investments

Please say below what proof of savings and investments you are sending with this form.

**Section D – About people you rent rooms to**

- We need to see proof of the rent you are charging them every week or month.  
(for example, a rent book or an up-to-date rent statement)

**Section E – About Income Support, Pension Credit (Guarantee Credit), Employment and Support Allowance, Jobseeker's Allowance or Universal Credit**

- We need to see all the pages of your latest benefit award letter.

Please tick the box if you are sending your benefit award letter.

**Section F – About students**

We need to see proof of your student loan, bursary or grant.

Please tick the box below to show which documents you are sending.

- Student loan  
 Bursary  
 Grant

**Section G – About your work and your income**

We need to see proof of what you and your partner earn. Please tick the relevant box to show which documents you are sending with this form.

- Your last five payslips, if you are paid weekly  
 Your last three payslips, if you are paid every two weeks  
 Your last two payslips, if you are paid monthly

If you do not get payslips, please phone us on 01702 318197 or 01702 318198, or email us at [revenues&benefits@rochford.gov.uk](mailto:revenues&benefits@rochford.gov.uk) for a certificate of earnings. Your employer must fill it in and return it to us.

- Your latest accounts, if you are self-employed

If you are self-employed and you do not have accounts, please contact us for the form 'Housing Benefit and Council Tax Support for self-employed people'.

**Sections H and I – About your pensions and your income**

We need to see proof of your income.

Please tick the relevant box to show which documents you are sending with this form.

- All pages of your benefit award letter.  
 A bank statement you have received in the last four weeks, which shows your pension or benefit being paid in.  
 A private or company pension advice slip or letter, which shows the current pension amount that you get.  
 A letter from your pension pot provider showing how much you are drawing out or have available to draw out  
 All pages of your Child Tax Credit and Working Tax Credit award letters.

**Section H and – About your pensions and your income (continued)**

- Letters from the Child Support Agency, which show any maintenance payments you get.
- A letter from the person who pays maintenance to you, or a court order notice to show that somebody pays maintenance to you.

**Section J – About your money, savings and investments**

Please tick the box to show which documents you are sending with this form.

- Bank statements, for at least the eight weeks before you made this claim
- Building society book
- Post Office book
- Premium Bond Certificates
- National Savings Certificates
- ISA statements
- Shares certificates
- Unit-trust certificates

We need to see the advice slip that shows the amount of any interest or dividends you get on savings and investments.

**Section K – About your other income**

We need to see proof of any other income you receive. Please tick the box to show which documents you are sending with this form.

- A certificate or a letter on headed paper from a charity, voluntary organisation or a family member which shows how much you receive.
- A certificate that shows how much the annuity or home income plan pays you.

Proof of any other income. Please tell us below what proof of any other income you are sending with this form.

**Section L – About other property**

We need to see proof of any other property you own. Please tick the box to show which documents you are sending with this form.

We need proof of:

- who owns the property and what percentage of it you own;
- how much the property is worth (please provide a recent valuation from an estate agent);
- how much you owe (the outstanding mortgage) on the property;
- the current tenancy agreement (the original, not a copy);
- the rent book or rent statement showing the rent you receive every month for the property; and
- If appropriate, the property being up for sale.

**Section M – About payment you make**

Please tick the box to show which documents you are sending with this form.

- The registration certificate for the childminder.
- A letter or invoice that shows the payments you make.
- Proof of the government funding you receive.

**Data protection**

We will keep the information you have given us confidential. We will store it on a computer and use it to deal with your benefit claim. We will only give your details to someone else if we are asked to by law. This is in line with the current Data Protection legislation.

**Preventing fraud**

We must protect the funds we manage. We may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other organisations that manage public funds, to prevent and detect fraud.

**If there is any other information you think we may need to be able to deal with your claim, please tell us in section P on page 21.**

## Section R

## Declaration

### Please read this declaration carefully

- This is my claim for Council Tax Support.
- The information I have given on this form is true, and I have given as much information as I can.
- You can check the information I have given.
- I will write to you to tell you straight away about any changes to my financial or family circumstances, or change of address.
- I can be prosecuted if any of the information I give is untrue, or if I do not give you any information that I have and that is relevant to my claim.

**When you have filled in this form**, please read the form again and check that you have sent us all the proof we have asked for.

**Finally, before you send the form to us**, please read this declaration again and sign it and fill in the boxes below.

	You		Your partner
Your signature	<input type="text"/>	Your signature	<input type="text"/>
Your full name (in CAPITALS)	<input type="text"/>	Your full name (in CAPITALS)	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

## Section S

### If you have filled in this form for someone else

You must fill this section in if you have filled in this form for someone else.

Your name	<input type="text"/>
Your address	<input type="text"/>
Your signature	<input type="text"/>
Your phone number	<input type="text"/>
Your relationship to the person claiming Council Tax Support or Second Adult Reduction. Examples include 'friend' and 'agent'.	<input type="text"/>
Date	<input type="text" value="/"/> <input type="text" value="/"/>

If you want somebody to deal with your claim for you, you must fill in part 1 of section T. The person who will deal with your claim for you must fill in part 2 of section T.

**Part 1 (you must fill in this part)**

I want

to act for me.

(name of the person who will act for you)

**Please tick the relevant boxes to show what this person will do.**

- Receive phone calls about my claim for Council Tax Support and my council tax account.  
 Receive all post and emails about my Council Tax Support and my council tax account for me.

You can discuss my personal information with the person named above.

Signed

Date

 /  / 
**Part 2 (the person who will act for you must fill in this part)**

I will act for

(write the name of the person who you will act for)

and I must tell you about anything that may affect their claim for Council Tax Support, Second Adult Reduction or Council Tax account.

Please explain below why you are acting for the person making the claim.

Please tell us the following.

Your name		
Your address and postcode		
Phone number	Home	Mobile
Email address		

Signed

Date

 /  / 

**If you do not hold power of attorney for (that is, you are not legally entitled to act for) the person making the claim, we cannot accept your signature on this application form. The person making the claim must sign the form.**

**If you need free and independent advice you can contact Citizens Advice.**

**Opening Times for Initial Assessments:**

**Rochford Office, Back Lane,  
Rochford SS4 1AY**

Open Tuesday 10.00am–2.00pm  
Open Thursday 10.00am–2.00pm  
Phone: 0344 477 0808

**Rayleigh Office, Civic Suite, Hockley Road,  
Rayleigh SS6 8EB**

Open Monday 10.00am–2.00pm  
Open Thursday 10.00am–2.00pm  
Open Friday 10.00am–2.00pm  
Phone: 0344 477 0808

**If you need help filling in the form**

You can phone us on 01702 318197 or 01702 318198 between 8.30am to 5.30pm, Monday to Thursday and 8.30am to 5.00pm Friday.

You can come into the office from 8.30am to 12 noon Monday, Tuesday, Thursday and Friday or 12 noon to 5.00pm on Wednesday.

**We are closed at the weekend.** Our address is on the front of this form.

**If you would like this information in large print, Braille or another language, please phone 01702 318197 / 318198.**



**Rochford District Council**  
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Rochford Essex SS4 1BW  
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