



Stafford
BOROUGH COUNCIL

working together

OFFICE USE ONLY

Date issued:

Date Received:

Claim Reference:

Property Reference:

Local Council Tax Reduction Form (Universal Credit)

Part 1 - Personal Details

You

Your partner

First name

Surname

Address

 Postcode:

 Postcode:

Date moved in

Date of birth

Tel. No.

Email address

National insurance number Date

Universal Credit Awarded

Please provide proof of Universal Credit Award with this form

Please provide proof of Universal Credit Award with this form

Do you or your partner get Disability Living Allowance, Personal Independent Payments, Attendance Allowance:

No Yes We will write to you about this

No Yes We will write to you about this

Care

Care

Mobility Is this paid to a Mobility Scheme?

Mobility Is this paid to a Mobility Scheme?

No Yes

No Yes

Daily Living Rate

Daily Living Rate

Attendance Allowance

Attendance Allowance

Does anyone get Carer's Allowance for looking after you or your partner?

No Yes We will write to you about this

No Yes We will write to you about this

Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it because you are getting another benefit instead?

No Yes We will write to you about this

No Yes We will write to you about this

To find out more about Housing Benefit and Council Tax Reduction call or visit our website

Stafford Borough Council tel 01785 619478 | web www.staffordbc.gov.uk | www.staffordbc.gov.uk/benefitforms

Cannock Chase Council tel 01543 464292 | web www.cannockchasedc.gov.uk | www.cannockchasedc.gov.uk/benefitforms

Part 2 - About children

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

- under 16
- aged 16 or 17 and registered for work or youth training; or
- aged 16, 17, 18 or 19 and in education doing a course not higher than GCSE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

No Go to part 3

Yes

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

	First child	Second child	Third child	Fourth child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part 3 - About other people who live with you

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

Do not tell us about people who just share a hall, bathroom or toilet with you.

Do any adults usually live with you and your partner?
(People over 16 who nobody gets child benefit for)

No Yes

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

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, owner, subtenant, lodger, boarder or friend.

Do they get:

Income Support No Yes

Pension Credit No Yes

Employment Support Allowance
Income Related No Yes

Contribution Related No Yes

Job Seekers Allowance
Income Based No Yes

Contribution Based No Yes

Universal Credit No Yes

If yes, are they working? No Yes

Please ensure you answer the questions about their earnings

Any other benefits No Yes

tell us which

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Part 3 - About other people who live with you (continued)

	First person	Second person	Third person
Are they registered blind?	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 a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> tell us which <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> tell us which <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> tell us which <input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	<input type="text"/> £ each week	<input type="text"/> £ each week	<input type="text"/> £ each week
Does this include money for meals?	No <input type="checkbox"/> Yes <input type="checkbox"/> Which ones? Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Evening meal <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Which ones? Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Evening meal <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Which ones? Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Evening meal <input type="checkbox"/>
Does this include money for heating?	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"/>
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?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When are they due to come out (if you know)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £ each week We need to see proof of their earnings.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £ each week We need to see proof of their earnings.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £ each week We need to see proof of their earnings.
Do they have any other income at all? Make sure you tell us about all the other income they have.	No <input type="checkbox"/> Yes <input type="checkbox"/> tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> tell us about it below
This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.			
First other income			
Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	<input type="text"/> We need to see proof of this income.	<input type="text"/> We need to see proof of this income.	<input type="text"/> We need to see proof of this income.
Do you receive this weekly, fortnightly, monthly or calendar monthly?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3 - About other people who live with you (continued)

Second other income

Where does this income come from?

How much is it before deductions?

We need to see proof of this income.

We need to see proof of this income.

We need to see proof of this income.

Do you receive this weekly, fortnightly, monthly or calendar monthly?

Third other income

Where does this income come from?

How much is it before deductions?

We need to see proof of this income.

We need to see proof of this income.

We need to see proof of this income.

Do you receive this weekly, fortnightly, monthly or calendar monthly?

Are any of the people who normally live with your partners?

No Yes Tell us their names below.

 is the partner of is the partner of

Part 4 - Other Income in addition to Universal Credit

Are you or your partner receiving or waiting to receive any Benefits, Pensions or other types of income that are not listed on your Universal Credit award letter?

No

Yes Tell us the details below.

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

You

The name of the benefit, pension or other income

Waiting to hear Must be provided when received

Getting it now How much, how often and how is it paid?

 every by

The name of the benefit, pension or other income

Waiting to hear Must be provided when received

Getting it now How much, how often and how is it paid?

 every by

The name of the benefit, pension or other income

Waiting to hear Must be provided when received

Getting it now How much, how often and how is it paid?

 every by

Your partner

The name of the benefit, pension or other income

Waiting to hear Must be provided when received

Getting it now How much, how often and how is it paid?

 every by

The name of the benefit, pension or other income

Waiting to hear Must be provided when received

Getting it now How much, how often and how is it paid?

 every by

The name of the benefit, pension or other income

Waiting to hear Must be provided when received

Getting it now How much, how often and how is it paid?

 every by

Part 5 - Additional Information

If you have anything else you want to tell us please use the box below

Part 5 - Backdating

We can usually award benefit from the Monday after the day we receive your claim. 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 paying your benefit from a earlier date please tell us what date you want to claim benefit from.

Have your circumstances since then been the same as on this form? No Yes

We will contact you again about this.

Part 6 - Declaration

Please read this declaration carefully before you sign and date it. If both you and your partner are claiming, you must both read the declaration before signing and dating the form. This declaration applies to both the person claiming and their partner.

- This is my claim for Local Council Tax Reduction.
- I declare that the information I have given on this form is correct and complete as far as I know.
- I authorise you to check the information I have given with other sections within the council, the Rent Service, other councils or authorities handling public funds, as long as you do so only to prevent and detect fraud and error.
- I understand that you will share the information you hold on your computer to prevent and detect fraud and error by providing information to the Housing Benefit Matching Services and the Audit Commission's National Fraud Initiative.
- I understand that if I give incorrect or incomplete information or documents, or fail to report any changes that might affect my benefit, I may be prosecuted.
- I know I must tell you immediately of any changes that may affect the amount of benefit I receive.
- I know I must tell you, my local council if:
 - I start or stop getting Universal Credit;
 - anyone living with me has a change in their situation, such as starting work;
 - anyone moves in or out, even if it is a temporary move;
- I understand that it is my duty to tell you about any of the changes above and that I cannot rely on any other organisation or person to tell the council on my behalf.
- I know and accept that if I do not report any changes affecting my benefit, or I give incorrect or incomplete information, I must repay any overpayment.
- I accept that you may prosecute any person who gives incorrect, incomplete or misleading information to fraudulently claim a Local Council Tax Reduction.

How we use your personal information

We will use the information you provide to process your Housing Benefit and/or Council Tax Reduction claim. We will only share your information, when necessary, with agencies involved in the processing of benefits or where the law requires or allows us to.

Cannock Chase District Council is the Data Controller for any claims or information submitted by residents of the Cannock Chase area, for further information, please see www.cannockchasedc.gov.uk/PrivacyNotice.

Stafford Borough Council is the Data Controller for any claims or information submitted by residents of the Stafford area, for further information, please see www.staffordbc.gov.uk/PrivacyNotice.

Signature of person claiming

Print name

Date

Partner's signature

Print name

Date

By law, we may pass your personal information to other local authorities and government departments and agencies to prevent and detect fraud, corruption, money laundering and other crimes.

Warning - if you give false information or fail to tell us of changes in your circumstances you may receive a financial penalty under Schedule 3, Local Government Finance Act 1992 or be prosecuted under Social Security Administration Act 1992 or the Fraud Act 2006

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 and confirm the person claiming understood and answered all the questions:-

Name of the person who filled in this form

Signature of person

Relationship to the person claiming

Date

Part 7 - About returning the form

Please make sure you have answered all the questions on this form and have provided the proof we need. We will not be able to work out your Local Council Tax Reduction until we receive this proof. We will usually pay Local Council Tax Reduction from the Monday after we receive your form.

Please send or take your form to one of the following.

The Benefit Section
Civic Centre
Beecroft Road
Cannock
Staffordshire
WS11 1BG

The Benefit Section
Civic Centre
Riverside
Stafford
Staffordshire
ST16 3AQ

Alternatively, you can upload this form and submit it electronically through the benefit portal:

<https://www.cannockchasedc.gov.uk/residents/benefits/benefit-line-access>

<https://www.staffordbc.gov.uk/benefitforms>

Help with the form

If you need any help when filling in the application form, please phone us on **01543 464292** or **01785 619478** or visit the Council offices in Cannock, Rugeley, Hednesford or Stafford.

Part 8 - Changes you must tell us about

You must tell us straight away, in writing, if any information in this form changes. If you are not sure whether the change will affect your reduction, tell us anyway. Tell us yourself, do not rely on someone else (for example, another council department, HM Revenue & Customs, the DWP or other people).

If you do not tell us about changes in your circumstances you may lose reduction you are entitled to, or you may receive too much reduction which you will have to pay back. We may also take action against you, including court action or financial penalty.

Fraud

If you know, or suspect that someone is claiming Local Council Tax Reduction they are not entitled to, phone us on **01543 464292** or **01785 619478**

If you know about anyone claiming any benefit they are not entitled to, ring the **National Benefit Fraud Line** on **0800 854440**

Reset form to blank

**This form can be provided in Braille,
on audio cassette tape/disk,
LARGE PRINT and in other
languages on request to**

**Stafford Borough Council
tel 01785 619478**

**Cannock Chase Council
tel 01543 462621**