



Claim form for Housing Benefit and Council Tax Reduction

For office use only
Date of Issue

If you are just claiming Second Adult Rebate, only fill in Parts 1, 3 and 15 of this form and tick this box.

Part 1 About you and your partner

Do you have a partner who normally lives with you?

No

By *partner*, we mean someone you are married to, or live with as if you are married, or a civil partner or a person you live with as if you are civil partners. A partner can be a person of the same or opposite sex.

Yes

If you have a partner, you must answer all the questions about them, as well as yourself.

You

Your partner

Last name

Other names

Title Mr, Mrs, Miss, Ms and so on

Tell us any other last names you have used

Address

Do not tell us your partner's address if it is the same as yours.

Postcode

Postcode

Date of birth

Letters Numbers Letter

Letters Numbers Letter

National Insurance number

We cannot decide your claim if we do not have your National Insurance Number

Your phone number

Your email address

How would you like to be contacted?

Letter

Email

Text

Phone

If you have moved home in the last 12 months, tell us your last address

Postcode

Postcode

Were you a home owner, a private or council tenant or a boarder at this address?

Have you or your partner claimed Housing Benefit or Council Tax Reduction in the last 12 months?

No

Yes

No

Yes

What address did you claim for?

Postcode

Postcode

Have you or your partner come to live in Scotland, England, Northern Ireland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years?

You

No

Yes If Yes, what is your nationality? We will write to you for further details.

Your partner

No

Yes If Yes, what is your nationality? We will write to you for further details.

Are you or your partner in hospital at the moment?

No

Yes When did you go in?

When do you expect to come out?

No

Yes When did they go in?

When do they expect to come out?

Do you or your partner get Attendance Allowance?

No Yes

No Yes

Do you or your partner have a vehicle from a Mobility Scheme?

No Yes

No Yes

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

No Yes

If Yes please provide the award letter

No Yes

If Yes please provide the award letter

Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?

No Yes

No Yes

Have you ever been told you were entitled to Carer's Allowance?

No Yes

No Yes

Tick 'Yes' even if you were not paid any benefit.

Are you or your partner living away from home at the moment?

No Yes

No Yes

When did you last live at home?

When do you expect to go home?

The reason for the absence

When did they last live at home?

When do you expect them to return?

The reason for the absence

Please tick if you or your partner are:

You

a student

a student nurse

an apprentice

on youth training

in legal custody

severely mentally impaired

registered blind

long term sick or disabled and incapable of work

Your partner

We will contact you if we need any more information.

Part 2 About children

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 16 or over but still under 20 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced) or doing approved training.

Are there any children in your household?

No Go to **Part 3**

Yes If there are more than 4 children, use a separate piece of paper to tell us the information we ask for on this page

If you are sending a separate piece 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"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets Child Benefit for them? We need to see proof.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child registered blind or getting 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"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay a registered childminder, nursery or after-school club any childminding costs for this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If, Yes, tell us the name of the childminder.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay each week? We need to see proof.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Part 3 About other people who live with you

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 normally live with you and your partner?

No Go to Part 4.

By *adults* we mean people over 16 who nobody gets Child Benefit for.

Yes

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

If you want to tell us about more than 3 people, use a separate piece of paper.

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

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<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"/>
Their relationship to you or your partner For example, aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint-tenant, joint owner or friend.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, Jobseeker's Allowance (income based) or Guaranteed Pension 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 Disability Living Allowance or Attendance Allowance, or 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"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us which	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week

Part 3 About other people who live with you - continued

	First person	Second person	Third person
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"/> When are they expected to come out? <input type="text" value="/ /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value="/ /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value="/ /"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text" value="/ /"/> When are they expected to come out? <input type="text" value="/ /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text" value="/ /"/> When are they expected to come out? <input type="text" value="/ /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text" value="/ /"/> When are they expected to come out? <input type="text" value="/ /"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before deductions for things like tax and National Insurance. <input type="text" value="£"/> We need to see proof of their earnings.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before deductions for things like tax and National Insurance. <input type="text" value="£"/> We need to see proof of their earnings.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before deductions for things like tax and National Insurance. <input type="text" value="£"/> We need to see proof of their earnings.
Do they have any other income at all?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their other income before deductions for things like tax and National Insurance <input type="text" value="£"/> We need to see proof of their income.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their other income before deductions for things like tax and National Insurance <input type="text" value="£"/> We need to see proof of their income.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their other income before deductions for things like tax and National Insurance <input type="text" value="£"/> We need to see proof of their income.
Are any of the people who normally live with you married to each other or living together as if they are married?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their names: <input type="text"/> and <input type="text"/>	<input type="checkbox"/> is the partner of <input type="text"/> <input type="checkbox"/> is the partner of <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>

Part 4 About where you live

Tell us who owns your home

When did you move to this address?

 / /

If you have not moved in yet, tell us when you expect to move in and confirm this in writing after you actually move in.

Do you rent your home?

No Go to **Part 5**

Yes Answer the question below.

Do you pay rent to the council?

No Complete form *Additional information about your rent* then go to **Part 5**.

Yes Answer the next question

Are you a joint tenant?

No If, No, proceed to next question

Yes If, Yes, please tell us your joint tenant's name then proceed to next question

As a Council tenant I give Orkney Islands Council permission to share information about the progress of my Housing Benefit claim with Orkney Islands Council, Housing Division.

Details of the sort of information we can share with your landlord can be found in Part 4 of the leaflet "Housing Benefit and Council Tax Reduction Notes on Applying."

YES

NO

Part 5 About Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance or Pension Credit

Are you or your partner getting Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance or Guaranteed Pension Credit?

No Answer the next question

Yes Go to **Part 12**

Are you or your partner waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance or Guaranteed Pension Credit?

No Go to **Part 6**

Yes When did you claim?

/ / Go to **Part 12**

Part 6 About being self employed

Are you or your partner self-employed?

No Go to **Part 7**

Yes Answer the questions in this part. You must send us your trading accounts for the last financial year. If you have only recently set up the business, or do not have a full year's accounts, we will need to see some other proof of your income. We will write to you about this.

You

Your partner

What kind of work do you do

When did the business start?

 / / / /

Part 6 About being self employed - continued

What is the business address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
Are there any other partners in the business?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address.
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input type="text"/> How often? <input type="text"/> Every We need to see proof	£ <input type="text"/> How often? <input type="text"/> Every We need to see proof

Part 7 About working for an employer

Do you or your partner work for an employer?	No <input type="checkbox"/> Go to Part 8	
	Yes <input type="checkbox"/> Answer the questions in this part.	
Do you or your partner work for more than one employer?	No <input type="checkbox"/>	
	Yes <input type="checkbox"/> Tell us about the other employers on a separate piece of paper and send it with this form.	
	If you are sending a separate piece of paper, please tick box	<input type="checkbox"/>
	You	Your partner
What kind of work do you do	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is your payroll number?	<input type="text"/>	<input type="text"/>

Part 7 About working for an employer - continued

Are you employed for a limited period?	No <input type="checkbox"/>	When will you finish?	<input type="text"/>	No <input type="checkbox"/>	When will they finish?	<input type="text"/>
	Yes <input type="checkbox"/>		<input type="text"/>	Yes <input type="checkbox"/>		<input type="text"/>
How often do you get paid?	<input type="text"/>			<input type="text"/>		
How much do you get paid before tax and National Insurance are taken off?	<input type="text"/>			<input type="text"/>		
Give details of any regular overtime, bonuses or commission.	<input type="text"/>			<input type="text"/>		
When was your last pay rise?	<input type="text"/>			<input type="text"/>		
How many hours a week do you usually work?	<input type="text"/>			<input type="text"/>		
How do you get paid?						
In cash	<input type="checkbox"/>			<input type="checkbox"/>		
By cheque	<input type="checkbox"/>			<input type="checkbox"/>		
Into a bank/building society	<input type="checkbox"/>			<input type="checkbox"/>		
Are you getting Statutory Sick Pay, Statutory Maternity Pay or Statutory Paternity Pay at the moment?	No <input type="checkbox"/>			No <input type="checkbox"/>		
	Yes <input type="checkbox"/>			Yes <input type="checkbox"/>		
Do you pay into a private pension scheme?	No <input type="checkbox"/>			No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much?	<input type="text"/>	Yes <input type="checkbox"/>	How much?	<input type="text"/>
	we need to see proof		<input type="text"/>	we need to see proof		<input type="text"/>
	How often?		<input type="text"/>	How often?		<input type="text"/>
	Every		<input type="text"/>	Every		<input type="text"/>

We must see proof of earnings before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as evidence.

Part 8 About any other work

Do you or your partner do any other work at all?

This could be voluntary work or any other work, even if it is not paid work.

No Go to **Part 9**

Yes Answer the questions in this part.

	You	Your partner
What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person or organisation you do this work for?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
When did you start this work?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
	we need to see proof	we need to see proof
	£ <input type="text"/>	£ <input type="text"/>
How often do you get paid?	Every <input type="text"/>	Every <input type="text"/>

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as evidence.

Part 9 About benefits, pensions and tax credits

Are you or your partner getting any benefits, pensions or tax credits or waiting to hear about any you have claimed?

Read the list below and tell us about any you or your partner are getting or have claimed.

- * Armed Forces Independence Payment
- * Attendance Allowance
- * Bereavement Allowance
- * Carer's Allowance
- * Child Benefit
- * Children's Tax Credit
- * Disability Living Allowance
- * Guardian's Allowance
- * Incapacity Benefit
- * Employment and Support Allowance
- * Industrial Injuries Disablement Benefit
- * Industrial Death Benefit
- * Contribution-based Jobseeker's Allowance
- * Maternity Allowance
- * Personal Independence Payment
- * Retirement Pension
- * Severe Disablement Allowance
- * Universal Credit
- * War Disablement Benefit, War Pension or War Widow's Pension
- * Widow's or Widower's Benefits
- * Working Tax Credit

No Go to **Part 10**

Yes Tell us about the benefits below.

If there are more than 4 benefits, tell us about the others on a separate piece of paper and send it with this form.

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

	You	Your partner
The name of the benefit	<input type="text"/>	<input type="text"/>
Amount of benefit	£ <input type="text"/>	£ <input type="text"/>
How often is it paid?	Every <input type="text"/>	Every <input type="text"/>
Method of payment	<input type="text"/>	<input type="text"/>
The name of the benefit	<input type="text"/>	<input type="text"/>
Amount of benefit	£ <input type="text"/>	£ <input type="text"/>
How often is it paid?	Every <input type="text"/>	Every <input type="text"/>
Method of payment	<input type="text"/>	<input type="text"/>
The name of the benefit	<input type="text"/>	<input type="text"/>
Amount of benefit	£ <input type="text"/>	£ <input type="text"/>
How often is it paid?	Every <input type="text"/>	Every <input type="text"/>
Method of payment	<input type="text"/>	<input type="text"/>
The name of the benefit	<input type="text"/>	<input type="text"/>
Amount of benefit	£ <input type="text"/>	£ <input type="text"/>
How often is it paid?	Every <input type="text"/>	Every <input type="text"/>
Method of payment	<input type="text"/>	<input type="text"/>

We must see proof of any benefits coming in before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as evidence.

Part 10 About other money coming in

Do you, your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not told us about on this form?

This includes occupational pensions, maintenance or child support, annuities, student loans/grants, money from a trust fund, charitable/voluntary payments or health insurance.

No Go to **Part 11**

Yes Answer the questions in this part.

Other money 1

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting it?

Other money 2

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting it?

Other money 3

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting it?

Does anyone owe money to you, your partner, or to any children you are claiming for?

No

Yes What for?

How much?

We must see proof of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as evidence.

Part 11 About savings, capital and investments

Do you, your partner have any bank, building society or post office accounts? **No**

Yes Tell us about these accounts. If there are more than 4 accounts, tell us about the others on a separate piece of paper and send with this form.

This includes TESSA's, ISAs and Current Accounts.

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

Name of Bank or Building Society

Whose name is the account in?

Account number

How much is in the account?

Name of Bank or Building Society

Whose name is the account in?

Account number

How much is in the account?

Name of Bank or Building Society

Whose name is the account in?

Account number

How much is in the account?

Name of Bank or Building Society

Whose name is the account in?

Account number

How much is in the account?

Do you, your partner have any premium bonds? **No**

Yes Value

£

Do you, your partner have any National Savings Certificates? **No**

Yes

Issue number

Value

£

How many?

Issue number

Value

£

How many?

Part 11 About savings, capital and investments- continued

Do you or your partner have any stocks, shares, bonds or unit trusts?

No

Yes

How many?

Company name

Company name

How many?

Do you or your partner own or partly own any land or property other than the home you live in?

No

Yes

What is the address?

Do you or your partner have any other savings, capital or investments? This includes cash.

No

Yes

Tell us about this.

Do any children you are claiming for own any land or property in this country or have any money or property held in trust?

No

Yes

Tell us about this

Do any of your savings or investments include money from the sale of a house?

No

Yes

Tell us about this

We must see proof of savings, capital and investments before we can decide how much benefit you can get. Bank statements or passbooks *must* show the last two months transactions. Other items of proof may include certificates for premium bonds and stocks and shares. We must see *original* documents, not copies.

Part 12 Anything else you need to tell us

Use this box to tell us anything else you think we should know about. Use a separate sheet and attach it to this form if you need to.

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

Part 13 Backdating

We usually award benefit from the Monday after the day we receive your claim. We may be able to pay benefit from an earlier date if you have a good reason for not claiming sooner: failure to make enquiries earlier and ignorance of the benefit scheme are not considered good reason.

If you want us to start paying your benefit from an earlier date, tell us when you want to claim from.

/ /

Were your circumstances the same as they are on this form?

No If no, provide details below and proof of income and savings.

Yes

Provide the reasons you did not claim sooner. These reasons must have been continuous throughout the period of the backdate request.

If your circumstances were different please provide details.

Part 14 Checklist

Please tick to tell us what proof you are sending with this form. We must see **original** documents, not copies. Please do not send valuable items through the post. If you can, bring them into our office and we will take the details we need and give you the documents back straightaway. If you cannot get into the office, please phone us for more advice.

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

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the proof.**

Evidence of identity - only for new claims

Such as birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent electricity bill.

We may need to see several of these documents for each person.

Evidence of National Insurance number

Such as a National Insurance number card, payslips or letter from social security or the tax office.

Evidence of self-employed earnings

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.

If you do not have up-to date accounts, you should complete a Self-Employed Earnings form.

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 do not have your payslips, you can ask your employer to complete the Earnings Enquiry form.

Evidence of other income

Such as pension slips from a former employer, a letter from an insurance company showing the payments you get or a letter from the CSA or your former partner showing how much child support you are getting.

Evidence of benefits, pensions and tax credits

Such as current award notices or letters from the Department of Work and Pensions or Inland Revenue confirming how much you get. If you do not have proof, please let us know straight away.

Evidence of capital, savings and investments

Such as all your bank, building society or post office books, **full** bank statements. These, **must** show details of any transactions for at least the last two months.

Evidence of money paid out

If you pay for registered child care, you should enclose receipts for the payments you make.

For office use

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Part 15 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. 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 Reduction, or both. You may check some of the information with other sources as allowed by the law.
- 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 departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.

I know I must let the Benefits Section of Orkney Islands Council know about any changes in my circumstances which might affect my claim. This could be things like where I live, changes in my income or savings, who lives with me, changes in the income of anyone who lives with me, my Income Support or Jobseekers Allowance stopping, if I or my partner go into hospital, or the amount that I pay for my rent.

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

Signature of person claiming

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.

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

Relationship to the person claiming

Date

Part 16 What to do next

You should now :

- have filled in the claim form
- collected any evidence to support your claim
- return the form to the following address **Benefits Section, Orkney Islands Council
Council Offices, Kirkwall, KW15 1NY.**

If you have told us that you are going to send us more information at a later date, send it to the address above.

If you have any queries you can contact us by telephone on (01856) 886312 or (01856) 873535 Extn 2116 or by email at benefits@orkney.gov.uk

The information on this form may also be used to assess possible entitlement to Council Tax Discount.