



Short claim form

Please fill in this form to **confirm your current circumstances** and send it to:

Benefit Services
PO Box 302
Witney
OX28 1WP

| |
|-------------------------|
| Date: |
| Claim reference number: |

Please complete all sections on this form, if you need more space for any question please use the space provided in the section entitled 'Anything else you need to tell us'.

You and your partner

Please complete the table below for you and your partner (by partner we mean someone you live with).

| | Your details | Your Partner's details |
|------------------------|--------------|------------------------|
| Title | | |
| Surname | | |
| First name | | |
| Other name(s) | | |
| Date of birth | | |
| National Insurance no. | | |
| Daytime telephone no. | | |

Children who live with you for whom you receive Child Benefit

Please complete the table below with all children in your household that you or your partner receive Child Benefit for.

| Surname | Other | Date of Birth | Relationship to claimant |
|---------|-------|---------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Other people who live with you

Are there any other people living with you? (This includes grown-up children, parents, grandparents, aunts, uncles, stepchildren, other relatives, friends, lodgers, boarders, subtenants and foster children.)

| | | |
|--------------------------|---|---|
| Full name | | |
| Date of birth | | |
| National Insurance no. | | |
| Relationship to claimant | | |
| Gross income | £ | £ |
| Type of income | | |

Benefits and other income

Please complete the table below with details of all the benefits you and your partner receive such as Child Benefit, Working and/or Child Tax Credit, Disability Living Allowance, Personal Independence Payment, Income Support, State Retirement Pension, Pension Credit. If you do not receive any benefits please write "none" in the You / Your Partner box.

You must provide documentary evidence of any benefits you receive.

| You or your Partner? | Name of benefit | Amount | Date benefit entitlement started | How often received | Date of last increase / decrease |
|----------------------|-----------------|--------|----------------------------------|--------------------|----------------------------------|
| | | £ | | | |
| | | £ | | | |
| | | £ | | | |
| | | £ | | | |
| | | £ | | | |

Earnings

Please complete the table below for you and your partner (if you have one). You must provide proof of your earnings by supplying either: 2 calendar monthly, four-weekly payslips, 3 fortnightly payslips or 5 weekly payslips depending on how often you get paid.

| | Your details | Your Partner's details |
|----------------------------|--------------|------------------------|
| Employers name | | |
| Type of employment | | |
| Date employment started | | |
| Gross Pay | | |
| Tax | | |
| NI contributions | | |
| Average weekly hours | | |
| How often do you get paid? | | |
| How are you paid? | | |
| Date of last pay increase | | |
| Date of next pay increase | | |

| | | | |
|---|---------|---|-------|
| Do you or your partner pay any Child Care fees? | Self | £ | Every |
| | Partner | £ | Every |

| | | | |
|---|---------|---|-------|
| Do you or your partner pay towards a private pension? | Self | £ | Every |
| | Partner | £ | Every |

| | | | |
|---|---------|------------------------------|-----------------------------|
| Are you receiving Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer? | Self | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Partner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|---|---------|------------------------------|-----------------------------|
| Are you receiving any other sick pay or maternity pay from your employer at the moment? | Self | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Partner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Any other income

Please complete the table below with any other income that you receive that has not already been included on this form. Other income includes things such as private pensions, occupational pensions, maintenance, student grants and annuities. You must provide documentary evidence of any other income you receive.

| You or your Partner? | What is the money for | Amount | How often received |
|----------------------|-----------------------|--------|--------------------|
| | | £ | |
| | | £ | |
| | | £ | |
| | | £ | |

Bank accounts, Savings accounts, Shares, Premium Bonds and any savings and investments

Please complete the table below with details of all bank accounts including current and savings accounts, building society accounts, post office accounts, premium bonds, ISA's, shares, any other savings/investments you have.

You must declare all accounts - even if they are overdrawn.

You must provide documentary evidence of any accounts, shares, premium bonds etc.

| You or your Partner? | Who is account held with | Account number | Balance | Date of balance |
|----------------------|--------------------------|----------------|---------|-----------------|
| | | | £ | |
| | | | £ | |
| | | | £ | |
| | | | £ | |
| | | | £ | |

Rent details

Do you pay rent for your home? No, please go to the question titled **Anything else you need to tell us**

Yes, please complete the table below

| | | |
|---|---|--|
| How much rent are you charged? | £ | every week / fortnight / four weeks / calendar month - delete as appropriate |
| What date was your last rent increase? | | |
| What date is your next rent increase due? | | |
| If you are in arrears with your rent please tell us how much? | £ | |
| How many bedrooms does your property have? | | |

Anything else you need to tell us

Please use the space below to tell us of any changes that you have not informed us of before or anything that might be changing in the future. If you run out of space, please use a separate piece of paper and attached it to this form.

The types of changes you must tell us about include:

- Changes to your income or your partner's income.
- If you, your partner, any non-dependants in your household stop receiving Income Support or Job Seekers Allowance.
- If someone in your household starts work.
- If the amount you pay for Child Care starts, stops or changes.
- Changes in the number of people living with you.
- If any of your children leave school or college.
- If the rent you pay to your landlord changes.
- If you move to different accommodation.

Please note that if you tell us of any changes you must supply original documents as evidence of the changes.

Declaration - Please read this carefully before you sign and date it

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they should sign in the space provided to confirm all the details you have given about them are correct. I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include legal action.
- You will use the information I have provided to process my claim for benefit. You may check some of the information with others, as allowed by law.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies, such as banks and organisations that may lend me money, if the law allows this.
- You must protect the public funds you handle, and so may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purpose, with other organisations responsible for monitoring or handling public funds.
- **I know** I must immediately tell the relevant local authority's Benefit Service in writing, about any changes in the circumstances of anyone else in my household which may affect my claim. Failure to do so could result in a financial penalty being imposed under the social security administration act 1992, as amended by the Social Security (Civil Penalties) Regulations 2012. **If I do not do this I may be prosecuted.**

I declare the information I have given on this form is correct and complete. I understand that if someone else filled in this form, it is my responsibility to check all the information given in this form.

Your signature Date.....

Partner's signature Date.....

Warning – You may be prosecuted if you give false or incorrect information or fail to tell our Benefits Service about any change of circumstances as soon as it happens, or you are aware that a change will be happening.

Examples of the type of changes I should report are: Change of address; increase or decrease of income; increase or decrease of savings (capital); if anyone on my claim stops getting Income Support, Employment and Support Allowance (Income Related) or Income-Based Jobseeker's Allowance; if anyone on my claim starts or stops work or changes jobs; if other people, who live with me have income changes; if either myself, or my partner's Tax Credits or other Social Security Benefits change (including notification of a new award); if anyone leaves or joins my household; if anyone starts to receive Carer's Allowance for looking after myself or my partner. This list is not exhaustive – if in doubt, please tell us anyway.

If this form has been filled in by someone other than the person claiming

Please give details why you have completed this form rather than the person who is making the claim.

Name of person who filled in the form

Telephone Number of person who filled in the form

Relationship to the person claiming

Do you have power of attorney or are you the customer's appointee? Yes No

Declaration: I have confirmed with the person claiming that the answers I have written on this form are correct and that the declaration above has been read by or to them.

Signature Date.....

The Council are the Data Controllers for the purposes of the Data Protection Legislation. We will only use your personal information in accordance with the Legislation and for the purposes of the Revenues & Benefits. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.