



Date:

Claim reference number:

Claim form for second adult rebate

Please fill in this form to **apply for second adult rebate** and send it to:

Benefit Services
PO Box 302
Witney
OX28 1WP

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 or the Second Adult needs to inform us about'.
We need evidence of your own National Insurance number and one other form of ID for you.
Please complete the table below for you and your Second Adult. (if the 2nd adult has a partner put their details in the table 'other people who live with the Second Adult')

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

The remainder of this form (excluding the Declaration and 'keeping us informed of changes' on page 3) is for completion in respect of the Second Adult.

Children who live with the Second Adult who they receive Child Benefit for

Please complete the table below with all children in the Second Adult's household group that they or their partner receive Child Benefit for.

Surname	Other	Date of Birth	Relationship to claimant

Other people who live with the Second Adult

Please complete details below for all other people who live with them who have not been mentioned in either table above. If there is no-one else living with you, please write "none" in the full name box.

Full name		
Date of birth		
National Insurance no		
Relationship to claimant		
Gross Income	£	£
Type of Income		

Second Adult's Benefits

Please complete the table below with details of all the benefits the Second Adult and their partner receive such as Child Benefit, Working and/or Child Tax Credit, Disability Living Allowance, Income Support, State Retirement Pension, Pension Credit. If they do not receive any benefits please write "none" in the Second Adult or Partner box.

You must provide documentary evidence of any benefits they receive.

Second Adult or Partner?	Name of benefit	Amount	Date benefit entitlement started	How often received	Date of last increase / decrease
		£			
		£			
		£			
		£			
		£			

Second Adult's Earnings

Please complete the table below for the Second Adult and their partner (if they 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.

	Second Adult's details	Their Partner's details
Employers name		
Type of employment		
Date employment started		
Gross Pay		
Tax		
NI contributions		
Average weekly hours		
How often do they get paid?		
How are they paid?		
Date of last pay increase		
Date of next pay increase		

Are they receiving Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer?	2 nd Adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are they receiving any other sick pay or maternity pay from your employer at the moment?	2 nd Adult	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any other income for the Second Adult

Please complete the table below with any other income that the Second Adult and/or their partner 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 they receive.

Second Adult or Partner?	What is the money for	Amount	How often received
		£	
		£	
		£	
		£	

Second Adult's Interest from savings

Please complete the table below with details of any interest accrued from savings accounts including current and savings accounts, building society accounts, post office accounts, premium bonds, ISA's, shares, any other savings that they have.

You must declare all accounts on which interest is payable.

You must provide documentary evidence of any accounts, shares, premium bonds etc. that you declare here.

Second Adult or Partner?	Who is account held with	Account number	Balance	Date of balance
			£	
			£	
			£	
			£	
			£	
			£	

Anything else you or the Second Adult needs to inform us about

Please use the space below to tell us of anything that you have not informed us of before or anything that might be changing in the future.

Please note that you must supply original documents as evidence as appropriate.

Keeping us informed of changes. (It is the claimant's responsibility to inform us of any changes that may affect the amount of benefit they are entitled to receive.)

The types of changes you must tell us about include:

- Changes to the income of the second adult or their partner's income.
- If the second adult or their partner stop receiving Income Support or Job Seekers Allowance.
- If the second adult or their partner start work.
- Changes in the number of adults living with you.
- If you and/or the second adult move to different accommodation.

Declaration – to be completed by the claimant, not the Second Adult

Even if someone else has filled in this form for you, you must sign this declaration if you can. Please sign in the space provided to confirm all the details you have given are correct.

PLEASE READ THIS DECLARATION CAREFULLY BEFORE YOU SIGN AND DATE IT.

I understand the following:

- ◆ I authorise the Council, at any time, to make enquiries necessary to verify any of the information I have given.
- ◆ I have read the details on this form including the declaration and confirm (or if the form was completed by someone else they have explained to me the content of the form and the declaration and) I understand them and they are correct.
- ◆ If I give information that is incorrect, or incomplete, you may take action against me. This may include court action. Failure to declare any changes could result in a loss of benefit.
- ◆ You may use the information I have provided to process my claim for a Second Adult Rebate.
- ◆ You may check the information with that available from other sources that the Council is legally allowed to use.
- ◆ You may use the information I have given in connection with this and any other claim for social security benefits that I have made or may make in the future.
- ◆ You may give information to other organisations, such as government departments, local authorities and private sector companies, such as banks and organisations that may lend me money, if the law allows it.

I know I must let the Council know about any changes in my circumstances, and relevant changes regarding the second adult I am claiming for.

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

I know I may be prosecuted if I give false information.

Your signature Date.....

If you have completed this form for some one else please complete the section below.

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

Name of person who has completed the form

Address of person completing the form

Phone number of person completing the form

Relationship to the person claiming

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.