



For office use only	
Date requested	___/___/___
Date issued	___/___/___
Date received	___/___/___

Housing Benefit and Rate Relief claim form for owner occupiers (F1A 01/09)

Housing Benefit Central Unit, Londonderry House, 21-27 Chichester Street, Belfast, BT1 4JB

If you would like help in completing this form please contact us on 0800 5877 477

IMPORTANT NOTE! DO NOT COMPLETE THIS APPLICATION IF:

- you are a tenant or are paying rent
 - ownership of the property has been transferred to someone else and it will not be part of your estate after you die.
- If you fall into any of these categories, please ask for a claim form from the Northern Ireland Housing Executive.

	Your name and address	
Ratepayer ID	<input type="text"/>	<input type="text"/>
Occupancy ID	<input type="text"/>	
Claim number	<input type="text"/>	

Please complete this application form in black ink only.

1. About your home

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Do you or your partner own or pay a mortgage on your home?
<i>*If 'No', You should make your claim with the NIHE</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you buying your home under the co-ownership or rental purchase schemes?
<i>*If 'Yes', you should make your claim with the NIHE</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you live in the above property? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you own your home jointly with anyone else, <u>other than your partner</u> ?
<i>If 'Yes', please provide their details below.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Name:	Address:
Name:	Address:

NB: Joint owners who want to claim Housing Benefit and Rate Relief must fill in separate application forms.

- | | YES | NO |
|---|--------------------------|--------------------------|
| Have you let any part of your home to a tenant or boarder? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you come to live in the United Kingdom, Channel Islands, Isle of Man or Republic of Ireland within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |

If so, please tell us your nationality.

This form can be downloaded from our website at www.lpsni.gov.uk. If you need this application form in another format or language please contact us on 0800 5877 477.

2. Who lives in your home

	You	Your partner
First name or names	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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"/> <input type="text"/> / <input type="text"/> <input type="text"/>
National Insurance number	<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"/>
Are you registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently in hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give the date you went in.	___ / ___ / ___	___ / ___ / ___
Are you currently in a nursing home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give the date you went in.	___ / ___ / ___	___ / ___ / ___
Are you currently in prison?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', are you:	In custody? <input type="checkbox"/> On remand? <input type="checkbox"/>	In custody? <input type="checkbox"/> On remand? <input type="checkbox"/>
Are you a full-time student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- If you do not provide National Insurance numbers, your claim will be delayed.**
- You will not normally be required to supply proof of your identity, however we will notify you in writing if required.

If anyone has moved into or left your household within the last year, please give us the following details:

Name	Date of birth	New address	Date of change
			___ / ___ / ___
			___ / ___ / ___

3. Dependant children

	First child	Second child	Third child	Fourth child
First name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of birth	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
National Insurance Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Relationship to you	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Tick if they are blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tick if they get Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Include all the children for whom you receive Child Benefit. Do not include foster children. **Continue on a separate page if necessary.**

4. Other people living in your home

	Person 1	Person 2	Person 3	Person 4
First name				
Surname				
Date of birth	___/___/___	___/___/___	___/___/___	___/___/___
National Insurance number				
Relationship to you				
Please tick if they are:				
❖ a joint owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ a full time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ receiving Income Support Jobseeker's Allowance, Employment Support Allowance or Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ receiving Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ receiving Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ receiving any other benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ working 16 hours a week or more. If so what are their weekly earnings (before deductions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	£	£	£
❖ Do they have any other income? If so, tell us what it is.				

Include all children for whom you no longer receive Child Benefit, boarders, lodgers and other people in your household. **Continue on the further information box on page 6 if necessary.**
Please provide evidence of **all** sources of income for the above, for example, earnings (a photocopy of one weekly or monthly printed payslip), student status (for example, photocopy of the student loan, grant or bursary award letter), or letter from University/College confirming student status, photocopies of letters of entitlement to benefit, **unless** they are a joint owner as you do not need to provide evidence of their income. **Your claim may be affected if you do not provide this information.**

5. Do you or your partner receive any of the benefits listed below?

	You	Your partner
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Jobseeker's Allowance (Income Based)	<input type="checkbox"/>	<input type="checkbox"/>
Employment Support Allowance (Income Related)	<input type="checkbox"/>	<input type="checkbox"/>
Pension Credit (Guaranteed Credit)	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance - <u>Care</u>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance - <u>Mobility</u>	<input type="checkbox"/>	<input type="checkbox"/>

If you receive Income Support, Jobseekers Allowance (Income Based), Employment Support Allowance (Income Related) or Pension Credit (Guaranteed Credit), go directly to part 12.

Does anyone get Carer's Allowance for looking after you or your partner? Yes No

The name of the carer and their address: _____

The name of the person they look after: _____

If you or your partner receive Disability Living Allowance (care) or Attendance Allowance, you do not need to provide evidence of the income of people in **part 4**. Attendance Allowance and the care component of Disability Living Allowance are **not** the same as Carer's Allowance.

6. Income from other sources

Do you or your partner receive any of the following benefits?	You	Your partner
Child Benefit (include one parent benefit if this applies)	£	£
Fostering Allowance	£	£
Guardian's Allowance	£	£
Child Maintenance	£	£
Spousal Maintenance		
Industrial Injuries, Disablement Benefit or Pension	£	£
New Deal	£	£
Widow's Pension/Widowed Parent's Allowance	£	£
Covenant income	£	£
Reduced Earnings Allowance	£	£
Retirement pension from the Government	£	£
Have you or your partner put off receiving the State Pension?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous employment or service pension	£	£
War Widow's or War Service Pension	£	£
War Disablement Pension	£	£
Does this include a mobility supplement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other pensions/benefits	£	£
Carer's Allowance	£	£

If you or your partner receive carer's allowance please tell us the name and address of the person you or your partner care for.

If you or your partner receive any other benefits please tell us about these.

If you, or your partner, have put off receiving your State Pension, you **must** provide evidence of this, in the form of a letter from the Pension Service. **If you fail to provide evidence of income, your benefit or relief may be affected.** If you are not sure about the benefit you receive, please check with the Social Security Agency. You **must** give details of **all** the benefits you receive.

If you or your partner are awaiting the outcome of an application for any benefits please tell us about these.

Do you or your partner receive income from an annuity or home income plan? Yes No

If yes, please provide details: _____

Do you or your partner, or anyone who lives with you, receive any charitable or voluntary payments from a trust fund? Yes No

If 'Yes', please provide details: _____

If you, your partner, or anyone who lives with you receive an income from an annuity or home income plan, or receives charitable or voluntary payments, you **must** provide evidence. **If you fail to provide this information, we will refuse your claim.**

7. Employed earnings

	You	Your partner
Are you or your partner employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your partner have more than one job?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your partner receive Statutory Sick Pay now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', from what date? ___ / ___ / ___	If 'Yes', from what date? ___ / ___ / ___
Do you or your partner receive Statutory Maternity Pay now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', from what date? ___ / ___ / ___	If 'Yes', from what date? ___ / ___ / ___

Your first or main job	
Name and address of employer	
Hours worked every week	Date employment started ___ / ___ / ___

Your partner's first or main job	
Name and address of employer	
Hours worked every week	Date employment started ___ / ___ / ___

Continue on the further information box on page 6 if you or your partner have more than one job. You must supply proof of your earnings - five weekly, three fortnightly or two monthly printed payslips for each job. These must be the most recent and consecutive. If these are not available, we will need a letter from your employer showing the amount you have earned for this period. Please note that we cannot accept handwritten pay envelopes. **If you fail to provide this information, we will refuse your claim.**

8. Self-employed earnings

	You	Your partner
Are you or your partner self employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your job:	
Business address	
Hours worked every week	Date Self-employment started ___ / ___ / ___
Tick if you are a childminder. <input type="checkbox"/>	

Your partner's job:	
Business address	
Hours worked every week	Date Self-employment started ___ / ___ / ___
Tick if your partner is a childminder. <input type="checkbox"/>	

We will write to you about this.

9. Bank accounts and investments

	You	Your partner
Do you or your partner have any savings or investments the total value of which exceeds £6000?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', we will write to you about this.		

10. Expenses

Do you have any children who are in full-time third level education for whom you or your partner make parental contributions towards their grant or fees? Yes No

If 'Yes', we will write to you about this.

Do you have any children under 11 years of age for whom you pay childcare charges to a registered childminder or other registered childcare provider, such as a nursery? Yes No

If 'Yes', we will write to you about this.

11. Property and land (other than your home)

Do you or your partner own any property or land, other than your home, in this country or abroad? This includes property you own and any property you own with other people, for example, a house, shop, garages, caravan, farm or other land.

Yes No

If 'Yes', we will write to you about this.

12. Backdating

The start date of your Housing Benefit or Rate Relief claim will usually be the Monday after you ask for your application form, if you return it to us within **one calendar month**. If you want us to consider paying your claim from an earlier date, please tell us why. (Please continue on a separate page if necessary.)

If you are sending original documents which you would like us to return, please enclose a stamped self-addressed envelope with your claim form. We cannot accept responsibility for original documents.

Further information _____

DATA PROTECTION ACT 1998

Please note that the information you provide on this form will be used by Land and Property Services for the processing of this application. Occasionally this information may be passed to other organisations, but only when we are required to do so by law, or when the disclosure complies with the Data Protection Act 1998. Land & Property Services is under a duty to protect public funds and to this end may use information provided on this form for the prevention and detection of fraud.

13. Declaration

- ❖ I declare that the information I have given in this form is true and complete and that I live in and own the property for which I am claiming benefit or relief. If I provide, or allow anyone else to provide, any documents which I know to be false, I may be prosecuted.
- ❖ I understand that you may contact other people to check the information I have given in this form, under the Social Security (Fraud) Act 2001.
- ❖ I understand that I must tell you about any changes in circumstances which may affect my Housing Benefit or Rate Relief entitlement **within one calendar month** of the change.
- ❖ I am aware that I may have to repay any overpayment of Housing Benefit or Rate Relief which I may have received.
- ❖ I understand that if I do not provide all evidence and information you ask for, you may reject my claim.
- ❖ **I understand that I must continue to make payments to my rate account while awaiting for the outcome of my Housing Benefit and Rate Relief application.**

Both you and your partner must sign.

Your signature: _____ Date: _____

Your partner's signature: _____ Date: _____

Please provide a daytime phone number where we can contact you. Please include the area code.

14. Forms filled in by someone else

If you have filled in this form for the person claiming, please tell us the following information.

Your name _____

Your relationship to the person claiming _____

Your address _____

Your daytime phone number _____

Please tick this box if you have been appointed by the court or the Social Security Agency to handle the personal and financial affairs of the person claiming. (You **must** provide evidence of this.)

If you do not want to claim for both Housing Benefit and Rate Relief, you must let us know within one calendar month.