

Rother District Council
Post Handling Service
PO Box 10665
NOTTINGHAM
NG6 6DZ

Telephone (01424) 787000
Facsimile (01424) 787755
Email: revenuesandbenefits@rother.gov.uk



Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

FOR OFFICE USE ONLY	
Claim Ref:	<input type="text"/>
Date issued:	<input type="text"/>
Date form to be returned:	<input type="text"/>

Underlying Entitlement

Completing this form may help reduce your Housing Benefit Overpayment.

Please read these notes before you fill in this form.

- We require you to provide proof of all yours and your partner's income, benefits and savings for the period you have been overpaid.

You have been overpaid from to

- We will try to reduce your overpayment by comparing your actual entitlement to the entitlement used which has caused the overpayment. We call this Underlying Entitlement.
- We cannot work out your actual entitlement for the overpayment period unless you provide the information we need. Please ensure you return this form and all supporting evidence by

This information can be made available in large print, braille, audio/CD or in another language upon request.

Please telephone: 01424 787000

Email: customerservices@rother.gov.uk

Part A - You and your Partner

If you do not have a partner tick this box

You

First Name

Surname

Title

National Insurance Number

Date of Birth

Phone Number

Partner

First Name

Surname

Title

National Insurance Number

Date of Birth

Phone Number

Part B - Children who live with you

If you have no children living with you tick this box

Surname	First names	Date of birth	Relationship to you (e.g. son or daughter)	Are they in full time education?	Do they get Disability Living Allowance?

Part C - About other people who live with you

Apart from you, your partner and your dependent children, who else lives in your home?

Surname	First names	Date of birth	National Insurance Number	Relationship to you (e.g. son or daughter)	Gross Weekly wages	Do they get Income Support or Jobseekers Allowance

Part D - Child Care Payments

	Child 1	Child 2	Child 3	Child 4
Do they go to a registered nursery	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please give the name of the childminder, nursery or playscheme caring for each child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the weekly cost of childcare for each child?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the number of hours or sessions each child attends each week?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is charged each session?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use this space to tell us anything relating to your child care for example: the dates when child care costs are not charged.

Part E - Earnings

You

Are you a Director or Secretary of any company? Yes No

Are you in paid employment? Yes No

If No, go to Section H. If Yes, please give details below

Employer's name and address

Employer's phone number

Date you started this job

Do you work during term-time only? Yes No

How many hours each do you work?

How much are you paid after stoppages?

How often are you paid?
(for example weekly, 4-weekly, monthly)

Do you receive a bonus, tips or commission? Yes No

If Yes, please say how much each week

Do you pay into a pension scheme? Yes No

If Yes, is it: Company Private

Please provide your wage slips covering the period you have been overpaid. If you are unable to provide wage slips that cover this period please ask your employer to complete our employer's certificate form. This form is available from our website www.rother.gov.uk

Your partner

Are you a Director or Secretary of any company? Yes No

Are you in paid employment? Yes No

If No, go to Section H. If Yes, please give details below

Employer's name and address

Employer's phone number

Date you started this job

Do you work during term-time only? Yes No

How many hours each do you work?

How much are you paid after stoppages?

How often are you paid?
(for example weekly, 4-weekly, monthly)

Do you receive a bonus, tips or commission? Yes No

If Yes, please say how much each week

Do you pay into a pension scheme? Yes No

If Yes, is it: Company Private

Please provide your wage slips covering the period you have been overpaid. If you are unable to provide wage slips that cover this period please ask your employer to complete our employer's certificate form. This form is available from our website www.rother.gov.uk

Part F - Self Employed Earnings

Are you self-employed? Yes No

Is your partner self-employed? Yes No

If you or your partner is Self Employed please provide your Self Employed accounts or complete our Self Employed form. You can download a Self Employed form from our website www.rother.gov.uk or contact us on 01424 787740 to request a form.

Part G - Other Income

Benefits and Tax Credits

Please answer ALL the questions in this section. If you do not receive the pension, benefit or allowance we are asking about, please write “none” in the box next to it.

If you do receive them, please write the amount you get before any stoppages, and say whether it is paid to you weekly, fortnightly, 4-weekly or monthly. (You do not need to declare any payments from The Eileen Trust, Independent Living Fund or the MacFarlane Trust.)

	You		Your partner	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Pensions				
State Retirement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Private or former employer pensions (after tax)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Name of pension payer	Pension 1 <input type="text"/>		<input type="text"/>	
Widow's Allowance, Widowed Mother's Allowance or Widow's Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Widow's or War Dependant's Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Disablement Pension or Armed Forces Compensation Scheme	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Pension Credit (Guarantee Credit)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Pension Credit (Savings Credit)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Part G - Other Income (continued)

	You		Your partner	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Benefits and allowances				
Income Support	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Jobseeker's Allowance (Income Based)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Jobseeker's Allowance (Contribution Based)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Child Benefit (we need to know if you get this even though we do not take the income into account)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Working Tax Credit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Child Tax Credit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Incapacity Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Employment and Support Allowance (or Incapacity Benefit)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Attendance Allowance (for people over 65)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Personal Independence payment: Daily Living Component	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Personal Independence payment: Mobility Component	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Disability Living Allowance: Mobility Component	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Disability Living Allowance: Care Component	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Severe Disablement Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Industrial Injuries Benefits	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Armed Forces Independence Payment	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Are you or your partner caring for anyone who gets Attendance Allowance or Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please give the name of the person you care for	<input type="text"/>		<input type="text"/>	
Are you entitled to Carer's Allowance but do not receive it?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you receive Carer's Allowance, how much do you get?	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Maternity Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
What date is your baby due, or baby born?	<input type="text"/>		<input type="text"/>	
Other Income				
Statutory Sick Pay (paid by employer)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Please tell us the date this started	<input type="text"/>		<input type="text"/>	
Statutory Maternity Pay (paid by employer)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
What date is you baby due, or baby born?	<input type="text"/>		<input type="text"/>	
Youth Training Scheme payment or Training Credits	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Maintenance you receive for children	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Maintenance you receive for yourself	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Weekly amount from letting or sub-letting part of a property	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Life insurance annuities	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Payments from a charity, or other voluntary payments	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Home income plan or equity release scheme	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Part H - Bank accounts, savings, investments

You need to tell us about all your bank accounts, building society accounts and post office accounts (even if they are overdrawn), and all other cash and investments. If you need more space to tell us about your accounts or savings, please use the space at the bottom of this page.

Do you or your partner have any bank or building society accounts, or other savings or capital either in the UK or abroad? Yes No

Type of account	Name of bank or building society & type of account (current, savings and so on)	Amount in it	In the name of
Bank account (1)	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Account number	<input type="text"/>		
Bank account (2)	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Account number	<input type="text"/>		
Bank account (3)	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Account number	<input type="text"/>		
Building Society account (1)	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Account number	<input type="text"/>		
Building Society account (2)	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Account number	<input type="text"/>		
Post Office account	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>

Type of capital	Details: share names, certificate numbers, issue number and so on	Amount held	In the name of
National Savings Bonds	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
National Savings Certificates	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Income Bonds	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Shares or Unit Trusts	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Stocks, Sharesave, SAYE etc	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Premium Bonds	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Cash ISAs and Stock and Shares ISAs	<input type="text"/>	£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Cash		£ <input type="text"/> You <input type="checkbox"/>	Partner <input type="checkbox"/> Joint <input type="checkbox"/>

Use this space for more information you want to give us. If you need more space, please use another sheet of paper and attach it to this form.

Part I - Declaration

Please read the declaration very carefully before you sign and date it. If you have a partner, he or she must sign it as well. If you do not sign it we will have to send the form back to you and this will delay your claim. Where the declaration says "I" or "me" or "my" this means both you and your partner.

The Council can prosecute you if you give false information, or if you provide false or altered documents with your claim, or if you do not give us information that affects your claim (including a change in your circumstances).

- **I declare** that the information I have given on this form is correct and complete.
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me. This may be court action.
- **I agree** that you will use the information I have provided to work out my claim for Housing Benefit and or Council Tax Reduction. You may check some of the information with other sources if the law allows it.
- **I understand** that you may use any information I have provided for this and any other claim for Social Security Benefits that I have made, or may make. You may give some information to other organisations, such as government departments, local authorities, and private-sector companies such as banks and organisations that lend me money, if the law allows this.
- **I know** that I must let the Benefit Service know immediately in writing about any changes in my circumstances which might affect my claim.

Signature of person claiming	<input type="text"/>	Date	<input type="text"/>
Partner's signature	<input type="text"/>	Date	<input type="text"/>

Form filled in by someone other than the person claiming

Name of the person who filled in the form	<input type="text"/>		
Signature of person	<input type="text"/>	Date	<input type="text"/>
Relationship to the person claiming	<input type="text"/>		

Warning - Housing Benefit

It is an offence under Social Security law for anyone to make a statement or produce information which they know to be false to claim Housing Benefit or Council Tax Reduction for themselves or another person. It is also an offence to fail to tell the Benefits Service of the Council about a change in circumstances which would affect their Housing Benefit or Council Tax Reduction. (Social Security Administration Act 1992, Sections 2 111 and 112.)

Warning - Council Tax Reduction

The law says you must let the Council know about any relevant changes in your circumstances within 21 days of the change. If you do not, you may have a £70 penalty charge added to your Council Tax account.