

# Income Support

**jobcentreplus**

Department for  
Work and Pension

This booklet contains  
information about

- how to work out if you can get  
Income Support
- how to claim Income Support

**IS Notes 10/14**

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# Income Support

## What is Income Support?

Income Support is a social security benefit to help people who do not have enough money to live on.

Income Support is made up of

- money for you
- money for your partner, if you have one
- extra money for people if their expenses are higher than others, for example, disabled people
- money for certain housing costs that are not covered by Housing Benefit.

We use *partner* to mean

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple.

The amount you can get depends on

- how much the law says you need to live on, and
- how much money you have coming in each week from things like other social security benefits and part-time work.

Savings of more than £6,000 will affect the amount of Income Support that you can get.

You will not be able to get Income Support if your savings are more than £16,000.

### **If you live in a care home**

Savings of more than £10,000 will affect the amount of Income Support that you can get if you live on a permanent basis in a care home. You will not be able to get Income Support if your savings are more than £16,000.

## Income Support continued

### Who can get Income Support?

Income Support is for people who don't have to sign on as unemployed.

This could be if you're:

- a lone parent with a child under 5,
- a carer,
- sick and receiving SSP,
- on parental or paternity leave,
- pregnant
- single people or lone parents fostering a child under age 16, or
- single people or lone parents who have a child under 16 placed with them before their adoption.

Income Support is for people who:

- are between age 16 and the age they can get Pension Credit and
- have a low income and
- work less than 16 hours a week (or a partner working less than 24 hours a week) and
- are not in full-time study (but there are some exceptions) and
- do not get Jobseeker's Allowance or Employment and Support Allowance and
- do not have savings above £16,000 and
- live in Great Britain.

We will take your earnings into account when we work out your benefit, although there are some earnings we can ignore.

If you or your partner are working more hours than mentioned above, you may still be able to get Income Support if, for example, the person who works

- is caring for another person
- is a childminder at home
- is a part-time firefighter
- is a member of a territorial or reserve force.

## **Income Support** continued

If you are separated, we only take your circumstances into account and only count the hours you work.

If you think you will not be able to get Income Support because of the hours you or your partner work, you may be able to get Working Tax Credit.

For more information contact the Working Tax Credit Helpline on **0345 300 3900**. Welsh speakers can phone **0300 200 1900**.

If you or your partner have reached the qualifying age, you may be entitled to Pension Credit. The minimum age you can get Pension Credit is rising in stages, linked to the changes to women's State Pension age. For more information visit

**[www.gov.uk/calculate-state-pension](http://www.gov.uk/calculate-state-pension)**

To apply for Pension Credit phone The Pension Service on **0800 99 1234**.

You can only claim Income Support for yourself and your partner.

### **More about claiming**

#### **Who should claim – you or your partner?**

If you have a partner and both of you might be entitled to Income Support, you can decide which one of you makes the claim. If you want more information to help you decide who should make the claim, get in touch with your local office.

#### **Looking after a sick or disabled person**

You may be able to get extra Income Support if you or your partner are getting Carer's Allowance because you are looking after a sick or disabled person. This extra amount of Income Support is called a Carer Premium.

## Income Support continued

To claim Carer's Allowance, fill in the claim form **DS700**. You can get this form from Jobcentre Plus. You can also apply online or download a form at [www.gov.uk/carers-allowance](http://www.gov.uk/carers-allowance)

### **If you have a mortgage or home loan**

You may be able to get extra Income Support for the interest on your mortgage or home loan. You can find out more about this in information booklet **IS8** *Help with housing costs*. You can get this leaflet from Jobcentre Plus.

## About your claim

### **How to claim**

Just fill in the form **A1** or **A1R**. You must answer all the questions on the claim form that apply to you and your partner, if you have one. Make sure you provide all the documents we ask for.

You have a calendar month from the date on the front of the form, to fill the form in properly without affecting your benefit.

If you can get benefit because of this claim we can consider paying it from the date you asked for the form if you

- answer all the questions on the form that apply to you and your partner, if you have one, **and**
- provide all the documents we ask for within a month of the date you asked for the form.

If you do not do this, you may only get benefit from the date you provide all the information we need.

## About your claim continued

### If you have difficulty with the form or documents

If you find it difficult to fill in the form or to provide any of the documents we ask for, do your best. Tell us what you can and provide all the documents you have.

You must tell us in **Part 16** of form **A1** or **Part 7** of form **A1R** about any information you cannot provide and why. We may be able to help if

- you do not have the information to fill in the claim form because the information does not exist
- you cannot get the information you need to fill in the claim form without putting yourself at serious risk of physical or mental harm and there is no other way of getting the information
- you need information from someone else to fill in the form but they are unable or unwilling to provide the information within a reasonable time.

Get in touch with Jobcentre Plus if

- you cannot fill in the claim form because of a physical, learning, mental or communication difficulty, **and**
- there is no one who can help you fill in the claim form.

### If you need help to fill in the claim form

If you need help to fill in the claim form, ask a friend to help, ask an advice centre or get in touch with your Jobcentre Plus office.

# More about Income Support

## How Income Support is worked out

Income Support is the difference between

- the amount the law says you need to live on, and
- the money you already have coming in.

The amount the law says you need to live on is made up of

**Allowances** – for day-to-day living expenses.

**Premiums** – for expenses that are likely to be higher than normal.

**Housing costs** – but only for mortgage interest and certain other housing costs that Housing Benefit does not cover.

## Allowances and Premiums

### Allowances

are the main part of Income Support. They are intended to cover normal day-to-day living expenses.

### Premiums

are extra amounts of Income Support for people who have special needs. They are paid as well as all the Allowances.

If you qualify for more than one Premium, you will normally only get the Premium that gives you the most money.

For more information about Allowances, premiums and the rates we use, please ask for our leaflet *Benefit and Pension rates*. This is available from Jobcentre Plus. You can also view the benefit rates by visiting the DWP website.



## More about Income Support continued

### Money coming in

By *money coming in* we mean things like

- earnings after tax, National Insurance (NI) contributions and half of any money paid to a pension scheme have been taken off
- social security benefits
- Working Tax Credit and Child Tax Credit
- savings over £6,000
- savings over £10,000 if you live in a care home permanently
- other money, for example, money from boarders and lodgers.

### Money that is not counted

Not all of the money you have coming in is counted, for example, we do not count

- the first £5 of your earnings, if you do not have a partner
- the first £10 of any earnings or joint earnings, if you have a partner
- the first £20 of your earnings
  - if you are a lone parent.

We use *lone parent* to mean a person who does not live with a partner and has at least one child under 19, as long as Child Benefit is still in payment for that child, or

- if you get the Disability Premium
- child maintenance payments
- savings of £6,000 or less. But if you have savings between £6,000.01 and £16,000, a deduction of £1 a week is made from your benefit for every £250, or part of £250, above £6,000
- if you live in a care home on a permanent basis, savings of £10,000 or less. But if you have savings between £10,000.01 and £16,000, a deduction of £1 a week is made from your benefit for every £250, or part of £250, above £10,000.

Some other money may not be counted. Jobcentre Plus will be able to give you more information about this.

## More information

### Help and advice

If you want more information about Income Support or social security benefits generally

- get in touch with Jobcentre Plus
- get in touch with an advice centre.

You can find the phone number and address for Jobcentre Plus on the advert in the business numbers section of the phone book. Look under **Jobcentre Plus**.

### Council Tax reduction

Most householders aged 18 or over have to pay council tax to their local council. You may be able to get some help with paying your council tax. To apply for a reduction in your Council Tax contact your local council direct.

### Housing Benefit

You may be able to get some help with paying for the place where you live. This help is called Housing Benefit.

### Child Tax Credit

Child Tax Credit is a payment to support families with children. You may be able to get it if you are responsible for one or more child or young person.

If you make a new claim for Income Support it does not include money for children. You will need to claim Child Tax Credit from HM Revenue & Customs. To find out more about Child Tax Credit visit [www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits) or call HM Revenue & Customs Helpline on **0345 300 3900**. If you need help or a form in Welsh, phone **0300 200 1900**.

## More information continued

### How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to protect against crime.

To find out more about how we use information, visit

**[www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)**  
or contact any of our offices.

### Our service standards

At Jobcentre Plus we aim to provide a high standard of customer service at all times. Details of the standard of service you can expect from us can be found on our website at **[www.dwp.gov.uk/about-dwp](http://www.dwp.gov.uk/about-dwp)**

You can access our website from many libraries.

For more information please contact Jobcentre Plus.

This booklet gives general information only and is not a complete and authoritative statement of the law.

# Income Support

## Claim form

### How to claim

The quickest way to make a claim to Income Support, is to call us on **0800 055 6688**. We will arrange for an adviser to call you back and take all your details over the phone.

If you have speech or hearing difficulties, contact us by textphone on **0800 023 4888**. Lines are open Monday to Friday 8.00am to 6.00pm.

### About your claim

You asked for this claim form on

If you can get benefit because of this claim we can consider paying it from the date shown above if you

- answer all the questions on the form that apply to you and your partner, if you have one, and
- send us the completed claim form and all the documents we ask for within one month of the date above

If you do not do this, you may only get benefit from the date you give us all the information we need.

Please read the notes on the next page before you fill in this form.

**Please fill in this form with BLACK INK and in CAPITALS.**

If you are unable to

- answer all the questions on the form that apply to you and your partner, if you have one, and
- give us any of the documents we ask for

please tell us why in **Part 16** of this form or contact your Jobcentre Plus office straight away. Sometimes we may still be able to deal with your claim.

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Department for  
Work and Pensions

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## How to claim

Just fill in this claim form. You must answer all the questions on the claim form that apply to you and your partner, if you have one.

Although this claim form is rather long, it is important that you answer the questions that apply to you.

It is also important that you provide evidence in support of your claim. The evidence you provide must be an original document not a photocopy. The claim form tells you which documents you must provide.

Take your time. You have a calendar month, to fill the form in properly without affecting your benefit.

## Our service standards

Details of the standard of service you can expect from us can be found by searching for DWP Service Standards on [www.gov.uk](http://www.gov.uk)

You can access our website from many libraries.

For more information please contact Jobcentre Plus.

To make sure you get the benefit you are entitled to, it is important that the information that you provide is correct and complete. You will be asked to sign this form to declare the answers you have given are correct.

## If you have difficulty with the form or documents

We may be able to help if

- you do not have the information to fill in the claim form because the information does not exist
- you cannot get the information you need to fill in the claim form without putting yourself at serious risk of physical or mental harm and there is no other way of getting the information
- you need information from someone else to fill in the form but they are unable or unwilling to provide the information within a reasonable time.

Get in touch with Jobcentre Plus if

- you cannot fill in the claim form because of a physical, learning, mental or communication difficulty and
- there is no one who can fill in the claim form for you.

## If you are claiming as a lone parent

Additional help is available to lone parents who volunteer to join the Work Programme. If you agree to take part you will have your own personal adviser who will help and advise you on things like incentives, benefits and available childcare. Lone parents can join the programme at any time.

## If you are claiming for a partner

At a future date your partner may be required to take part in a work focused interview with a personal adviser.

If they are required to take part in a work focused interview, your partner will be contacted once you have been claiming benefit for 26 weeks or more.

### The work focused interview with a personal adviser

A personal adviser will discuss a range of topics with your partner which may include

- your partner's current or future job prospects
- training to help bring your partner's work skills up to date
- help and advice if your partner is considering moving into work, increasing the number of hours that they already work or changing jobs.

Any of the options your partner discusses with their personal adviser, at the work focused interview, are voluntary.

Your benefit may be reduced if, without good cause, your partner does not take part in their work focused interview.

If your partner takes part in a work focused interview at a later date, your benefit will be fully reinstated from that date.

### If you need help

If you need help to fill in this form you can

- ask a friend or an advice centre to help, or
- get in touch with Jobcentre Plus.

**Tear off this page to keep for your information.**



**Part 1: About you and your partner** continued

**Daytime phone number if you have one**

This is the number we will call if we need to speak with you. We may leave a brief message if you are not at home.

**Mobile number**

**If you or your partner are homeless but have a temporary address, even if this changes from day-to-day, please tick this box.**

**If you or your partner are homeless and have nowhere to live at all, please tick this box.**

**You**

|  |        |
|--|--------|
| Code   | Number |
|  |        |
|  |        |
| <input type="checkbox"/> Please say where we can get in touch with you in the address box below. |        |
| <input type="checkbox"/> Please say where we can get in touch with you.                          |        |
|  |        |
|  |        |
| Postcode   |        |

**Your partner**

|   |        |
|---|--------|
| Code  | Number |
|   |        |
|   |        |
| <input type="checkbox"/> Please say where we can get in touch with them in the address box below. |        |
| <input type="checkbox"/> Please say where we can get in touch with them.                          |        |
|   |        |
|   |        |
| Postcode  |        |

**What is your marital or civil partnership status?**

Tick all the boxes that apply.

|  |
|--|
| <input type="checkbox"/> Married or civil partner                |
| <input type="checkbox"/> Divorced or civil partnership dissolved |
| <input type="checkbox"/> Single                                  |
| <input type="checkbox"/> Separated                               |
| <input type="checkbox"/> Living together                         |
| <input type="checkbox"/> Widowed or surviving civil partner      |
| Date became widowed or surviving civil partner                   |
| <input style="width: 100px;" type="text" value=" / /"/>          |

|  |
|--|
| <input type="checkbox"/> Married or civil partner                |
| <input type="checkbox"/> Divorced or civil partnership dissolved |
| <input type="checkbox"/> Single                                  |
| <input type="checkbox"/> Separated                               |
| <input type="checkbox"/> Living together                         |
| <input type="checkbox"/> Widowed or surviving civil partner      |
| Date became widowed or surviving civil partner                   |
| <input style="width: 100px;" type="text" value=" / /"/>          |

# Part 2: Reasons for your claim

What date do you want to claim from?  
If this date is earlier than the date you first contacted us, please tell us in **Part 16** why you didn't contact us earlier.

**Have you or your partner ever claimed Income Support, Jobseeker's Allowance, Employment and Support Allowance, Universal Credit or applied for Pension Credit or a Social Fund Payment?** If the claim was turned down, still tick **Yes**.

Office that dealt with the claim

Date of last payment, if any

If your or your partner's name or address was different then, please tell us what it was.

Full name

Address

Date you moved to your present address

**Have you just separated from a person who used to be your partner?**

What date did you separate?

What is the name of the person you have separated from?

What is their date of birth?

Their National Insurance (NI) number

**You**

/  /

No   
Yes  Please tell us about this below.

/  /

Postcode

/  /

No   
Yes  Please tell us about this below.

/  /

/  /

Letters   Numbers   Letter

**Your partner**

/  /

No   
Yes  Please tell us about this below.

/  /

Postcode

/  /





## Part 2: Reasons for your claim continued

|   | <b>You</b>   | <b>Your partner</b>  |
|---|--|--|
| <p><b>Are you or your partner sick?</b></p> <p>Tick <b>Yes</b>, if you or your partner have claimed or are getting Statutory Sick Pay (SSP), Incapacity Benefit, Employment and Support Allowance or Severe Disablement Allowance?</p>  | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>   |
| <p>What date did your or your partner's latest period of sickness begin?</p> <p>Have you or your partner had any other period of sickness within 52 weeks of that date?<br/>Include any period when you or your partner got SSP.</p> <p>Other dates you or your partner were sick</p> | <p><input type="text" value=" / /"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Please tell us about this below.</p> <p>From <input type="text" value=" / /"/> To <input type="text" value=" / /"/></p>  | <p><input type="text" value=" / /"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Please tell us about this below.</p> <p>From <input type="text" value=" / /"/> To <input type="text" value=" / /"/></p>  |
| <p><b>Have you or your partner spent any time in hospital in the last 52 weeks?</b></p> <p>Date of last admission to hospital</p> <p>Date you came out of hospital, if appropriate</p> <p>If you are still in hospital, please tell us the name and address of the hospital</p>       | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Please tell us about this below.</p> <p><input type="text" value=" / /"/></p> <p><input type="text" value=" / /"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text" value="Postcode"/></p> | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Please tell us about this below.</p> <p><input type="text" value=" / /"/></p> <p><input type="text" value=" / /"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text" value="Postcode"/></p> |
| <p><b>Are you or your partner doing a Jobcentre Plus or Work Programme training course?</b></p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>   |
| <p><b>Have you or your partner just finished a Jobcentre Plus or Work Programme training course?</b></p>  | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>   |

## Part 2: Reasons for your claim continued

|  | You  | Your partner   |
|--|--|--|
| If the reason for your claim is that a period of statutory maternity leave has come to an end and you are not returning to work, please tell us the last date of your maternity leave.   | <input type="text" value=" / /"/>  | <input type="text" value=" / /"/>  |
| Are you or your partner caring for a person who is getting or is waiting to hear about <ul style="list-style-type: none"> <li>● Attendance Allowance</li> <li>● the middle or higher rate of the care component of Disability Living Allowance, or</li> <li>● the standard or enhanced rate of Personal Independence Payment?</li> </ul> | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Are you or your partner temporarily looking after someone?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please tell us about this below.<br><input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please tell us about this below.<br><input type="text"/> |
| Are you currently fostering?<br>You must send us proof of this. For example, this could be a letter from your Local Authority.   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please tell us about this below.<br><input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please tell us about this below.<br><input type="text"/> |
| <b>You may lose benefit if you do not provide original documents within one month of the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.</b>   |  |  |
| If the reason for your claim is that you have changed address, please tell us the date you moved   | <input type="text" value=" / /"/>  |  |
| If you have just left local authority care, please tell us the date you left your care placement   | <input type="text" value=" / /"/>  |  |
| If you have answered <b>No</b> to all the other questions in Part 2, please use this space to tell us why you are claiming Income Support.   | <input type="text"/>   |  |

## Part 3: About current work

We need to know about work you or your partner are doing now

- We need to know about any
- work for an employer or self-employed work
  - full-time or part-time work
  - permanent or casual work
  - unpaid work or paid work
  - paid or unpaid parental or paternity leave.

Have you or your partner done any work in the last 6 months?

No  Please tell us, in the box below, how you and your partner supported yourselves when you were not working. Then go to **Part 5**.

Yes  Please go to next question.

Are you or your partner on parental or paternity leave from your employment?

**You**

No

Yes  What type of leave is it?

Parental leave

Paternity leave

**Your partner**

No

Yes  What type of leave is it?

Parental leave

Paternity leave

Are you or your partner being paid for a period of parental or paternity leave?

No

Yes  **Please send us proof of the pay.**

No

Yes  **Please send us proof of the pay.**

Are you or your partner involved in a trade dispute?

We use 'trade dispute' to mean a strike, a walkout, a lockout or another dispute about work.

No

Yes  We will send you form **B71D** to fill in.

No

Yes  We will send you form **B71D** to fill in.

**Part 3: About current work** continued

|  | <b>You</b>   | <b>Your partner</b>  |
|--|--|--|
| <b>Are you or your partner self-employed or a company director?</b>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> We will send you form <b>B16</b> to fill in.           | No <input type="checkbox"/><br>Yes <input type="checkbox"/> We will send you form <b>B16</b> to fill in.           |
| <b>Are you or your partner a sub-contractor?</b>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> We will send you form <b>B16</b> to fill in.           | No <input type="checkbox"/><br>Yes <input type="checkbox"/> We will send you form <b>B16</b> to fill in.           |
| Date sub-contract work stopped   | <input type="text" value=" / /"/>  | <input type="text" value=" / /"/>  |
| <b>Are you or your partner working for an employer at the moment?</b><br>If you or your partner are temporarily absent from work, still tick <b>Yes</b> . This might be because of sickness or jury service. | No <input type="checkbox"/> Go to <b>Part 4</b> .<br>Yes <input type="checkbox"/> Please tell us about this below. | No <input type="checkbox"/> Go to <b>Part 4</b> .<br>Yes <input type="checkbox"/> Please tell us about this below. |
| Number of hours a week usually worked  | <input type="text" value=""/> hours  | <input type="text" value=""/> hours  |
| Name of employer   | <input type="text"/>   | <input type="text"/>   |
| Address of employer  | <input type="text"/>   | <input type="text"/>   |
|  | <input type="text"/>   | <input type="text"/>   |
|  | <input type="text"/>   | <input type="text"/>   |
|  | <input type="text" value=""/> Postcode   | <input type="text" value=""/> Postcode   |
| Employer's phone number  | <input type="text" value=""/> Code <input type="text" value=""/> Number  | <input type="text" value=""/> Code <input type="text" value=""/> Number  |
| Clock or payroll number.<br>If you do not know it, tell us what the job or department is.  | <input type="text"/>   | <input type="text"/>   |

### Part 3: About current work continued

**Do you or your partner get paid for this work?**

**You**

No

Yes  You must send us your last

- 2 payslips, if you are paid monthly
- 5 payslips, if you are paid weekly.

**Your partner**

No

Yes  You must send us their last

- 2 payslips, if they are paid monthly
- 5 payslips, if they are paid weekly.

**You may lose benefit if you do not provide original documents within one month of the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

If **No**, please tell us what type of work it is and why it is unpaid.

**May we get in touch with your employer or your partner's employer?**

We will not usually need to if you give us all the information we ask for and send in payslips.

No

Yes

No

Yes

## Part 4: About previous work

We need to know about any work that you or your partner have done in the last few months.

This includes

- work for an employer or self-employed work
- full-time or part-time work
- permanent or casual work
- unpaid work or paid work
- a period of statutory maternity leave.

|   | <b>You</b>  | <b>Your partner</b>   |
|---|---|---|
| <p><b>Have you or your partner stopped being self-employed in the last 9 months?</b></p> <p>Date self-employment stopped</p>  | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> We will send you form <b>B16</b> to fill in.</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> We will send you form <b>B16</b> to fill in.</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>   |
| <p><b>Have you or your partner stopped work for an employer in the last 6 months?</b></p> <p>Date you or your partner started work</p> <p>Date you or your partner last worked</p> <p>Name of employer</p> <p>Address of employer</p> <p>Employer's phone number</p> <p>Clock or payroll number.<br/>If you do not know it, tell us what the job or department was.</p> | <p>No <input type="checkbox"/> Go to <b>Part 5</b>.</p> <p>Yes <input type="checkbox"/> Please tell us about this below.</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode</p> <p>Code      Number</p> <p><input type="text"/></p> | <p>No <input type="checkbox"/> Go to <b>Part 5</b>.</p> <p>Yes <input type="checkbox"/> Please tell us about this below.</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode</p> <p>Code      Number</p> <p><input type="text"/></p> |
| <p><b>May we get in touch with your employer or your partner's employer?</b><br/>We will not usually need to if you give us all the information we ask for.</p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>  | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>  |

**Part 4: About previous work** continued

**Do you or your partner expect to get any payments from an employer because a job ended?**

We mean payments to do with work but not for work done. This could be

- any payment by way of retainer
- a pension refund.

**You**

No

Yes  Please tell us about this below.

**Your partner**

No

Yes  Please tell us about this below.



## Part 5: Children or qualifying young persons living permanently in your household

**Do you or your partner have any children or qualifying young persons living permanently in your household who are dependent on you?**

Do not include

- foster children
- children or qualifying young persons who are boarded out with you while they wait to be adopted.

No  Go to **Part 6**.

Yes  Please tell us about these children or qualifying young persons below.

- We use 'child' to mean a person aged under 16 who you are getting Child Benefit for.
- We use 'qualifying young person' to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

| Children or qualifying young persons living permanently in your household who are dependent on you |                      |  | Relationship to you  |                          | Relationship to your partner |                      | Are you or your partner getting or have you claimed Child Benefit for this child or qualifying young person? |                          | Does the child or qualifying young person have a parent or parents who live somewhere else? |                          |
|--|----------------------|--|--|--------------------------|------------------------------|----------------------|--|--------------------------|---|--------------------------|
|  |                      |  | For example, son, daughter, niece, grandson, stepdaughter or none. |                          |                              |                      |  |                          |   |                          |
|  |                      |  | Male or female   |                          |                              |                      |  |                          |   |                          |
| Surname  | Other names          | Date of birth  | M  | F                        |                              |                      | No   | Yes                      | No  | Yes                      |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="text"/>         | <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="text"/>         | <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="text"/>         | <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="text"/>         | <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="text"/>         | <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="text"/>         | <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="text"/>         | <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="text"/>         | <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |

Tell us in **Part 16**

- if you have more than 8 children or qualifying young persons
- if you have any children or qualifying young persons who normally live with you but are in boarding school or local authority care.

If you have told us about a child or qualifying young person who has a parent who lives somewhere else, please ask for a leaflet about Child Maintenance Options. You can get it from Jobcentre Plus.

## Part 6: Other people who live with you

### We need to know about any other people who live in the same household as you.

We need this information to make sure we work out your housing costs correctly.

#### Please tell us about

- relatives, if they live in your household
- boarders and lodgers
- friends
- anyone else who lives in your household.

#### Do not tell us about

- members of your immediate family, if you live with them in their household
- people who just share a hall or bathroom or toilet with you, or who live in a separate flat or bedsit in the same house
- other residents, if you live in a care home
- foster children, or children or qualifying young persons boarded out with you while they wait to be adopted.

### Does anyone live in the same household as you who you have not already told us about on this form?

Full name

Title

Sex

Date of birth

Relationship to you

No  Please go to **Part 7**.

Yes  Please tell us about these people below.

#### Person 1

Mr Mrs Miss Ms Other title

Male

Female

#### Person 2

Mr Mrs Miss Ms Other title

Male

Female

**Part 6: Other people who live with you** continued

|  | Person 1  | Person 2  |
|--|---|---|
| <p><b>What do they do?</b><br/>For example, full-time student, student nurse, apprentice, careworker, Work Based Training for Young People, work, at school</p> <p>If they are a student, please tell us the first and last date of the current academic year</p>  | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/></p>  | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/></p>  |
| <p><b>Do they pay you rent or board and lodging?</b></p> <p>Tell us how much and how often this is?</p>  | <p>No <input type="checkbox"/><br/>Yes <input type="checkbox"/></p> <p>£ <input type="text"/> every <input type="text"/> weeks / months / year</p>  | <p>No <input type="checkbox"/><br/>Yes <input type="checkbox"/></p> <p>£ <input type="text"/> every <input type="text"/> weeks / months / year</p>  |
| <p><b>Do they normally live with you?</b></p> <p>If <b>No</b>, where do they normally live?</p> <p>What date did you start sharing this accommodation with this person?</p> <p>Why did you start to share accommodation with this person?</p> <p>How long do you expect this to continue?</p> <p>Why do you think this?</p> <p>Has the person shared accommodation with you in the past?</p> | <p>No <input type="checkbox"/><br/>Yes <input type="checkbox"/></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p>No <input type="checkbox"/><br/>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/><br/>Yes <input type="checkbox"/></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p>No <input type="checkbox"/><br/>Yes <input type="checkbox"/></p> |
| <p><b>Are they in hospital?</b></p> <p>When did they go in?</p> <p>When are they expected to come out?</p>   | <p>No <input type="checkbox"/><br/>Yes <input type="checkbox"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>   | <p>No <input type="checkbox"/><br/>Yes <input type="checkbox"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>   |

**Part 6: Other people who live with you** continued

|   | <b>Person 1</b>   | <b>Person 2</b>   |
|---|---|---|
| <b>Are they registered blind, partially sighted or severely mentally impaired?</b>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
|   | <b>Person 3</b>   | <b>Person 4</b>   |
| Full name   | <input type="text"/>  | <input type="text"/>  |
| Title   | Mr Mrs Miss Ms <input type="text"/> Other title <input type="text"/>  | Mr Mrs Miss Ms <input type="text"/> Other title <input type="text"/>  |
| Sex   | Male <input type="checkbox"/><br>Female <input type="checkbox"/>  | Male <input type="checkbox"/><br>Female <input type="checkbox"/>  |
| Date of birth   | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  |
| Relationship to you   | <input type="text"/>  | <input type="text"/>  |
| <b>What do they do?</b><br>For example, full-time student, student nurse, apprentice, careworker, Work Based Training for Young People, work, at school | <input type="text"/>  | <input type="text"/>  |
| If they are a student, please tell us the first and last date of the current academic year  | From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/> | From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <b>Do they pay you rent or board and lodging?</b>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Tell us how much and how often this is?   | £ <input type="text"/> every <input type="text"/> weeks / months / year   | £ <input type="text"/> every <input type="text"/> weeks / months / year   |

**Part 6: Other people who live with you** continued

|  | Person 3  | Person 4  |
|--|---|---|
| <b>Do they normally live with you?</b>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| If <b>No</b> , where do they normally live?  | <input type="text"/>  | <input type="text"/>  |
| What date did you start sharing this accommodation with this person?                                       | <input type="text" value="/ /"/>                            | <input type="text" value="/ /"/>                            |
| Why did you start to share accommodation with this person?   | <input type="text"/>  | <input type="text"/>  |
| How long do you expect this to continue?   | <input type="text"/>  | <input type="text"/>  |
| Why do you think this?   | <input type="text"/>  | <input type="text"/>  |
| Has the person shared accommodation with you in the past?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| <b>Are they in hospital?</b>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| When did they go in?   | <input type="text" value="/ /"/>                            | <input type="text" value="/ /"/>                            |
| When are they expected to come out?  | <input type="text" value="/ /"/>                            | <input type="text" value="/ /"/>                            |
| <b>Are they registered blind, partially sighted or severely mentally impaired?</b>                         | No <input type="checkbox"/><br>Yes <input type="checkbox"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| If you need to tell us about more than 4 people, please tell us about them in <b>Part 16</b> of this form. |   |   |

## Part 6: Other people who live with you continued

### We need to know if any of the people living with you have any money coming in.

You do not have to answer these questions but if they do not have much money coming in, you may get more Income Support.

#### Please tell us about

- earnings
- social security benefits
- any other money they have coming in.

If they have earnings, please tell us the amount before tax, National Insurance and any other money has been taken off.

#### Do not tell us about any money from

- Attendance Allowance
- Disability Living Allowance
- Personal Independence Payment
- the Caxton Foundation
- the Macfarlane Trusts
- the Fund
- the Eileen Trust
- the Skipton Fund, or
- MFET Limited.

|  | Person 1  | Person 2  |
|--|---|---|
| <b>Do they work for 16 hours or more a week?</b>           | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| What is their gross pay?                                   | <input type="text" value="£"/>  | <input type="text" value="£"/>                              |
| How often are they paid?<br>For example, weekly or monthly | <input type="text" value="£"/>  | <input type="text" value="£"/>                              |
| <b>Do they receive any of the benefits listed?</b>         | <ul style="list-style-type: none"> <li>● Income Support</li> <li>● Employment and Support Allowance</li> <li>● Jobseeker's Allowance</li> <li>● Universal Credit</li> <li>● Pension Credit</li> </ul> |   |
|  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| Please tell us which one                                   | <input type="text"/>  | <input type="text"/>  |

**Part 6: Other people who live with you** continued

|  | Person 1  | Person 2  |
|--|---|---|
| <b>Do they have any other money coming in?</b>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| What is it?  | <input type="text"/>  | <input type="text"/>  |
| How much is it each week?  | £ <input type="text"/>  | £ <input type="text"/>                                      |
|  | Person 3  | Person 4  |
| <b>Do they work for 16 hours or more a week?</b>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| What is their gross pay?   | £ <input type="text"/>  | £ <input type="text"/>                                      |
| How often are they paid?<br>For example, weekly or monthly   | £ <input type="text"/>  | £ <input type="text"/>                                      |
| <b>Do they receive any of the benefits listed?</b>   | <ul style="list-style-type: none"> <li>● Income Support</li> <li>● Employment and Support Allowance</li> <li>● Jobseeker's Allowance</li> <li>● Universal Credit</li> <li>● Pension Credit</li> </ul> |   |
|  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| Please tell us which one   | <input type="text"/>  | <input type="text"/>  |
| <b>Do they have any other money coming in?</b>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| What is it?  | <input type="text"/>  | <input type="text"/>  |
| How much is it each week?  | £ <input type="text"/>  | £ <input type="text"/>                                      |
| If you need to tell us about more than 4 people, please tell us about them in <b>Part 16</b> of this form. |   |   |

**Part 6: Other people who live with you** continued

**Are any of the people you have told us about married to each other, in a civil partnership with each other, or living together as if they are married or civil partners?**

Please tell us which one

No   
Yes  Please tell us about this below.

Is the partner of

Is the partner of



## Part 7: About bank or building society accounts, savings and property

**We need to know about any money, savings and property in this country or abroad that you or your partner have.**

**Do not tell us about** any money from

- Macfarlane Trusts
- The Eileen Trust
- The Skipton Fund
- The Fund
- MFET Ltd
- The Caxton Foundation.

### Do you or your partner have any of the following?

Please tick **No** or **Yes** for every item in the list.  
Tell us about accounts even if they are not in credit.

Bank accounts, including current accounts

Building society accounts, including current accounts

Post Office® accounts

National Savings Bank account

Premium bonds

Unit Trusts ISAs, PEPs and other investments

Money from a redundancy payment

Money from the sale of your house

Money you have saved for something

Money or property held in trust

Income Bonds or Capital Bonds

Any other money you have

#### You

No Yes Amount

|                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |

#### Your partner

No Yes Amount

|                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |
| <input type="checkbox"/> | <input type="checkbox"/> | £ |

### Shares

If you or your partner have more than 3 types of shares, tell us about them in **Part 16**.

|                          |                          | Number of units | Name of company | You                      | Your partner             |
|--------------------------|--------------------------|-----------------|-----------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | £               |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | £               |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | £               |                 | <input type="checkbox"/> | <input type="checkbox"/> |

### How much are yours and your partner's savings worth in total?

If you do not have any savings, please write **None**.

£

You must send us proof of all these savings if they are worth £5,500 or more in total. For example, your most recent bank statement or a savings account book. Bank statements must show dates relevant to the time you complete this claim form and savings account books must be up to date.

**Part 7: About bank or building society accounts, savings and property** continued

**Do you or your partner, have any money or property in this country or abroad, which belongs to someone else but is in your names?**

For example, bank accounts or investments.

No   
 Yes  We will write to you if we need more information.

**If you or your partner currently have savings worth less than £5,500, did either of you have savings of more than this amount during the last 6 months?**

No   
 Yes  Please give details.

**You may lose benefit if you do not provide original documents within one month of the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

**Do you or your partner have any National Savings Certificates?**

Certificate issue number

How many units are held?

We may write to you about this at a later date. If you or your partner have more than 3 issues, tell us about them in **Part 16** of this form.

No   
 Yes  Please tell us about them.

|       |       |       |
|-------|-------|-------|
|       |       |       |
| units | units | units |

**Apart from your home, do you, your partner, or anyone else you are claiming Income Support for, own or have a share in any other property or land in this country or abroad?**

If the property or land is on a mortgage or loan, still tick **Yes**.

No   
 Yes  Address of property or land  
 We will contact you if we need more information.

Postcode

**Part 7: About bank or building society accounts, savings and property** continued

**Have you or your partner sold any property other than where you have lived during the last 6 months?**

No

Yes  Please give details.

**Have you or your partner received a lump sum payment in the last 52 weeks because of a personal injury?**

We do not need to know about any lump sum payments held in a Personal Injury Trust.

**You**

No

Yes  On what date did you get it?

/ /

How much?

£

We may write out to you about this at a later date.

**Your partner**

No

Yes  On what date did your partner get it?

/ /

How much?

£

We may write out to you about this at a later date.

## Part 8: About pensions

**Are you or your partner paying into, or have you or your partner ever paid into, a personal pension plan, an occupational pension, a work or employee's pension scheme?**

**Are you or your partner**

- getting a pension
- getting a pension from a late partner, or
- expecting to get a pension in the next 3 years?

This could be an occupational pension, a work or employee's pension, a personal pension or a compensation payment from the Pension Protection Fund.

**Do not tell us about state pensions here.**

Tick **Yes** if you get

- regular pension payments
- an annual compensation payment from a previous job including a payment from the Armed Forces Compensation Scheme, or
- lump sum payments from an occupational or personal pension. These could be paid yearly.

**You**

No

Yes  We will write to you if we need more information.

No  Go to **Part 9**.

Yes  Please tell us about this on **page 24**.

**Your partner**

No

Yes  We will write to you if we need more information.

No  Go to **Part 9**.

Yes  Please tell us about this on **page 24**.

## Part 8: About pensions continued

**What type of pension are you or your partner getting or expecting to get?**

### Pension 1

Personal pension  Pension Protection Fund payment   
 Public service pension  Occupational, work or employee's pension

### Pension 2

Personal pension  Pension Protection Fund payment   
 Public service pension  Occupational, work or employee's pension

Whose pension is it?

Yours  Your partner's

Yours  Your partner's

Who pays or will pay the pension?



Their address







Postcode

Postcode

Their phone number

|      |        |
|------|--------|
| Code | Number |
|------|--------|

|      |        |
|------|--------|
| Code | Number |
|------|--------|

Pension or policy reference number



How much is the pension?

£  every  weeks / months / year

£  every  weeks / months / year

Date of first payment

 /  / 
 /  / 

Will the pension be increased?

No   
 Yes  Date of increase  /  /

No   
 Yes  Date of increase  /  /

How much will the pension increase by?

£

£

Did you choose to take regular income from a pension scheme instead of buying an annuity?

No   
 Yes  Was this the maximum income you could take?

No   
 Yes

No   
 Yes  Was this the maximum income you could take?

No   
 Yes

You must send us proof of the pension. For example, the latest statement from the company that pays it or your latest bank statement **and** a recent form P60.

**You may lose benefit if you do not provide original documents within one month of the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

May we get in touch with the person or company that pays the pension? We will not normally have to if you can give us all the information we ask for.

No   
 Yes

No   
 Yes

# Part 9: About other benefits

Please read through this list of social security and other benefits and allowances and answer the question below.

**For example, you must tell us about**

- Bereavement Allowance
- Bereavement Payment
- Child Benefit
- Employment and Support Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Jobseeker's Allowance
- Maternity Allowance
- Pension Credit
- Reduced Earnings Allowance
- State Pension
- Severe Disablement Allowance
- Universal Credit
- Widow's Benefit
- Widowed Parent's Allowance
- any other social security benefit.

**Are you or your partner getting any of these benefits or any other social security benefit?**

Tick **Yes**, if you or your partner are waiting to hear about a benefit.

- No  Go to **page 27**.  
Yes  Tell us about these benefits on **the next page**.

## Part 9: About other benefits continued

**Name of the benefit**

**Who has claimed this?**

**Reference number**

You can find this number on letters we have sent about the benefit.

**How much is paid?**

**How often is it paid?**

**What day is it paid?**

**How is it paid?**

**Date of next payment**

**Is any money being deducted from the benefit?**

How much is being deducted?

What is it being deducted for?

**Benefit 1**

**Benefit 2**

**Benefit 3**




£

£

£

Weekly  Monthly  Weekly  Monthly  Weekly  Monthly

Fortnightly  4 weekly  Fortnightly  4 weekly  Fortnightly  4 weekly

Other  Other  Other

Directly into a bank or building society account  Directly into a bank or building society account  Directly into a bank or building society account

Other  Other  Other

/  /

/  /

/  /

No

Yes

No

Yes

No

Yes

£

£

£

If you need to tell us about more than 3 benefits, please tell us in **Part 16** of this form.

**Part 9: About other benefits** continued

**Do you or your partner get Attendance Allowance, Motability or other help with mobility problems?**

No   
Yes  Who is this paid for?

**Do you or your partner get Disability Living Allowance?**

Who gets this?

No   
Yes  Please tell us about this below.

Is it for help with getting around?

No   
Yes  What rate is paid?      Lower rate   
Higher rate

Is it for help with personal care?

No   
Yes  What rate is paid?      Lower rate   
Medium rate   
Higher rate

**Do you or your partner get Personal Independence Payment?**

Who gets this?

No   
Yes  Please tell us about this below.

Is it for help with getting around?

No   
Yes  What rate is paid?      Standard rate   
Enhanced rate

Is it for help with personal care?

No   
Yes  What rate is paid?      Standard rate   
Enhanced rate







**Part 9: About other benefits** continued

**Do you or your partner get War Widow's Pension or Widower's Pension?**

Does this include a supplementary pension awarded to women widowed before 1973?

No   
Yes  What is the reference number?

No   
Yes  You must send us proof of this pension. For example, the award notice form or the form you get each year to tell you how much the pension is going to be.

**You may lose benefit if you do not provide original documents within one month of the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

**Do you or your partner get a War Disablement Pension?**

You must send us proof of this pension. For example, the award notice.

No   
Yes  What is the reference number?

**You may lose benefit if you do not provide original documents within one month of the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

## Part 10: About other money

Did you or your partner get Return to Work Credit in the last 3 months?

No

Yes  What was the date of the last payment?

 /  / 

**We need to know if you, your partner, or anyone else you are claiming Income Support for, have any other money coming in.**

**Money coming in** includes, but is not limited to:

- any training allowance
- Statutory Sick Pay
- Statutory Maternity Pay
- Statutory Adoption Pay
- Statutory Paternity Pay
- other benefits, allowances and pensions that are not from Social Security
- Child Tax Credit
- Working Tax Credit
- fostering fees or allowances
- student grants or loans – including Career Development loans
- money from a charity or benevolent fund
- payments made in lieu of Concessionary Coal
- War Pension
- money from a trust fund
- money from an annuity.

**Do you, your partner or anyone else you are claiming Income Support for, have any other money coming in?**

No

Yes  Please tell us about this below.

Who gets this money?

What is this money?

How much is paid?

What day is it paid?

You must send us proof of any payment you get. For example, a document or statement from the person or company that pays the money, a court order, payslips or a full bank statement showing the amount and how often it is paid.

### Money 1



£                      every                      weeks / months

day

### Money 2



£                      every                      weeks / months

day

**You may lose benefit if you do not provide original documents within one month of the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16. This note does not apply to Working Tax Credit, student loans or grants. We ask you about student loans and grants at a later date.**

**Part 10: About other money** continued

**Does anyone owe you, your partner, or anyone else you are claiming Income Support for, any money?**

- This might be for things like
- arrears of maintenance, or
  - money lent to someone.

No   
 Yes  Please tell us about this below.

Who is owed this money?  
 How much money are they owed?  
 What is this money for?  
 When do you expect the money to be paid?

| Money 1  | Money 2  |
|--|--|
| <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"/> |

**Do you, your partner or anyone else you are claiming for, get maintenance payments?**

- Tell us about maintenance paid
- voluntarily
  - because of a written agreement
  - because of a court order, or
  - because of a child maintenance assessment.

No   
 Yes  Please tell us about this below.

Who gets this money?  
 Who is this money for?  
 Who is paying you this money?  
 How much money do you get, and how often?  
 What day is it paid?

| Money 1  | Money 2  |
|--|--|
| <input type="text"/>   | <input type="text"/>   |
| <input type="text"/>   | <input type="text"/>   |
| <input type="text"/>   | <input type="text"/>   |
| £ <input type="text"/> every <input type="text"/> weeks / months | £ <input type="text"/> every <input type="text"/> weeks / months |
| <input type="text"/> day   | <input type="text"/> day   |

## Part 10: About other money continued

### Do you or your partner get any payments from a creditor insurance policy?

For example, to help you keep up with your repayments on a credit card, loan or hire purchase agreement. Do not tell us here about policies that cover mortgages or home improvement loans.

No

Yes  Please tell us about this below.

Name and address of insurance company

The insurance company's phone number

Who does the insurance company make the payments to?

How much is paid and how often?

Date of first payment

When will the payments end?

Are the payments made by the insurance company more than the amount you usually pay to the credit company?

#### Policy 1

|          |  |
|----------|--|
|          |  |
|          |  |
|          |  |
| Postcode |  |

|      |        |
|------|--------|
| Code | Number |
|------|--------|

Direct to the credit company

To you or your partner

|   |       |                       |
|---|-------|-----------------------|
| £ | every | weeks / months / year |
|---|-------|-----------------------|

|   |   |
|---|---|
| / | / |
|---|---|

|   |   |
|---|---|
| / | / |
|---|---|

No

Yes  What is the excess amount used for?

|  |
|--|
|  |
|--|

#### Policy 2

|          |  |
|----------|--|
|          |  |
|          |  |
|          |  |
| Postcode |  |

|      |        |
|------|--------|
| Code | Number |
|------|--------|

Direct to the credit company

To you or your partner

|   |       |                       |
|---|-------|-----------------------|
| £ | every | weeks / months / year |
|---|-------|-----------------------|

|   |   |
|---|---|
| / | / |
|---|---|

|   |   |
|---|---|
| / | / |
|---|---|

No

Yes  What is the excess amount used for?

|  |
|--|
|  |
|--|

You must send us proof from the insurance company of the exact breakdown of the payments.

**You may lose benefit if you do not provide original documents within one month of the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

If you need to tell us about more than 2 policies, tell us about them in **Part 16**.

## Part 10: About other money continued

### Does anyone pay money to someone else on your or your partner's behalf?

For example, money for gas or electricity bills.

Who pays this?

What is the money for?

How much is paid?

No

Yes  Please tell us about this below.

#### Money 1



£ every weeks / months

#### Money 2



£ every weeks / months

### Does anyone pay you, your partner, or anyone else you are claiming Income Support for, to rent rooms or property?

For example, boarders, lodgers, tenants and subtenants.

Who pays the rent?

Who do they pay?

How much is paid?

What day is it paid?

Tick here if the money they pay includes any money for meals.

No

Yes  Please tell us about this below.

#### Rent 1



£ every weeks / months

day

#### Rent 2



£ every weeks / months

day

### Do you, your partner, or anyone else you are claiming Income Support for, have any other money coming in that you have not already told us about?

Who gets this money?

Who is this money for?

How much is paid?

What day is it paid?

No

Yes  Please tell us about this below.

#### Money 1



£ every weeks / months

day

#### Money 2



£ every weeks / months

day

If you have any proof of this money, please send us the proof.

## Part 11: Where you live

**Do you or your partner live with parents, relatives or friends as part of their family?**

Name of the head of the household

Relationship to you.  
For example, parent, friend or relative.

No

Yes  Please tell us about this below. Then go to **Part 14**.

**Do you or your partner share the rent for the place where you live with anyone else?**

Tick **No**, if you or your partner just share with each other.

What is their name?

No

Yes  Please tell us about this below.

**Do you or your partner rent your home from a council?**

If the council is paying for you to stay in bed and breakfast, or in a hotel, tick **Yes**.

If you do not pay rent because you get Housing Benefit, tick **Yes**.

Name and address of the council

No

Yes  Please tell us about this below.

|          |
|----------|
|          |
|          |
|          |
| Postcode |

**Are you or your partner already getting, waiting to hear about or intending to claim Housing Benefit or apply for a reduction in your Council Tax?**

This does not affect the amount of Income Support you can get.

No

Yes



## Part 11: Where you live continued

### Do you or your partner pay a private landlord or landlady or housing association for the place where you live?

Tick **Yes** if you

- just pay rent for the place where you live, or
- you pay for meals as well, or
- live in a hotel, guest house, hostel or somewhere like this.

Their name

Address

No

Yes  Please tell us about this below.

Postcode

### Is the home where you or your partner live in a crown tenancy?

This is when your landlord is a Government Department or the crown.

No

Yes  We will write to you about this.

If you pay rent or Council Tax, you may be eligible for Housing Benefit or a reduction in your Council Tax. Contact your local council for more information on how to claim Housing Benefit or apply for a reduction in your Council Tax.

This will not affect the amount of Income Support you get.

## Part 11: Where you live continued

### Do you or your partner pay service charges for the place where you live?

For example, cleaning and maintenance of stairs and hallways.

How much is paid?

What is this for?

For example, cleaning hallways, lighting stairways or general maintenance.

Date of first payment

Are the service charges payable as a condition of the occupancy?

If these charges are shared amongst several households, please tell us what your share of the service charge is.

Do any of the service charges include an amount towards a contingency fund, a reserve fund or a sinking fund?

No

Yes  Please tell us about this below.

£                      every                      weeks / months / year

No

Yes

No

Yes  Please tell us below what the money in this fund is to be used for.

**Part 11: Where you live** continued

If your service charge includes any amounts for major repairs, please state what these repairs are

Please send us proof of your service charges. For example, a statement from your landlord or a copy of the annual bill showing what items the service charges cover.

**Do you agree to Jobcentre Plus contacting your service provider or management company about your service charges and for them to share information with Jobcentre Plus?**

No   
Yes

**Do you or your partner pay ground rent for your home?**

No   
Yes  Please tell us about this below.

How much is the ground rent?

£                      every                      weeks / months / year

When did you or your partner start paying ground rent?

/                      /

Is your ground rent payable as a condition of the occupancy?

No   
Yes

Please send us proof of your ground rent. For example, your lease.

## Part 11: Where you live continued

### Is your home or your partner's home leasehold?

No

Yes

When the lease was first granted,  
was it for more than 21 years?

No

Yes

### Do you or your partner pay rent under a long term tenancy agreement?

By 'long term tenancy' we mean a tenancy agreement which is more than 21 years.

No

Yes  How much is the rent?

£  every  weeks / months / year

### Is any part of the place where you or your partner live rated as a business?

No

Yes  Please tell us about this below.

What percentage of the property are business rates paid for?

%

When was the property rated as a business?

/  /

**We will need verification of this. For example, a copy of Council Tax or rates bill showing the proportion of your home that is business related.**

### Do you or your partner pay any other charges on your home?

For example, rent charges.

No

Yes  Please tell us about this below.

How much is paid?

£  every  weeks / months / year

What does this payment cover?

When did you or your partner start paying these charges?

/  /

**If these charges are shared amongst several households, please tell us what your or your partner's share of the service charge is**

## Part 12: Owning your own home

### Do you or your partner own your home?

Tick **Yes** if the property is leasehold or freehold.

No  Go to **Part 13**.

Yes  You may be eligible for a reduction in your Council Tax. Contact your local council for more information on how to apply.

This will not affect the amount of Income Support you get.

### Do you or your partner have a mortgage, remortgage or home improvement loan?

Name of lender

Loan reference number

How much did you borrow?

What date was the loan taken out?

Whose name is the loan in?

Is this loan secured on the property?

No  Go to **Part 13**.

Yes  Please tell us about the bank, building society or other lender where your loan is paid to.

Yours  Your partner's  Both

No

Yes

### Is the loan shared with anyone else?

This includes for example, a partner, ex-partner, mother, sister, even if they live separately now

Do they still contribute towards the repayments?

What percentage of the repayments are you responsible for? For example 50%.

No

Yes  Please tell us their full name and relationship to you.

No

Yes

### Has your loan been taken out to purchase your home?

No

Yes

## Part 12: Owning your own home continued

What date was the property purchased?

Is this the original loan that was first used to purchase the property?

No

Yes

If you answered **No**, what was the amount originally borrowed to purchase your home?

What was the date the original loan was taken out?

Who was the original lender?

How much did you or your partner pay back on the original loan?

Have you or your partner purchased your property through a shared ownership scheme through a Housing Association?

No  Please go to the next question.

Yes  Please tell us about this below.

Are you or your partner paying part rent and part mortgage to buy the property where you live?

No

Yes

What was the title of the shared ownership scheme?

Do you or your partner have to pay a separate fee to the Homebuy Agent after 3 years or more?

No

Yes  Please tell us the amount of this fee.

Is there an insurance policy that pays on the loan if you or your partner becomes sick or unemployed?

No

Yes

Have you or your partner made a claim on the insurance policy?

No  You or your partner should make a claim on the policy as soon as possible.

Yes  When do you or your partner expect to get the first payment?

Will the insurance cover your or your partner's payments to the lender?

No

Yes

**We will write out to you later for more information on your mortgage protection policy.**

## Part 12: Owning your own home continued

**Is the loan for anything except buying the property?**

No

Yes  Please tell us below what was the money used for.

Home improvements We will write out to you about this.

Repairs We will write out to you about this.

Others Please tell us below what was done with the rest of the loan.  
For example, buying a piece of land or buying a car.

**If the loan was used for transfer of equity, please tell us how much for.**

For example, to buy out an ex-partner or former owner's share.

£

**If the loan was used for debt consolidation, please tell us how much for.**

Debt consolidation means bringing all your debts together, so you can start making just one monthly payment to just one lender.

£

**Did this amount include any redemption fees?**

A redemption fee is a charge made by the lender if you pay off the mortgage or home improvement loan early.

No

Yes  Please tell us how much this was for.

£

**Is this an equity release product, for example a lifetime mortgage?**

No

Yes

## Part 12: Owning your own home continued

### Do you or your partner have a second loan on your home?

Name of lender

Loan reference number

How much did you borrow?

What date was the loan taken out?

Whose name is the loan in?

Is this loan secured on the property?

No  Go to **Part 13**.

Yes  Please tell us about the bank, building society or other lender where your loan is paid to.

Yours  Your partner's  Both

No

Yes

### Is the loan shared with anyone else?

This includes for example, a partner, ex-partner, mother, sister, even if they live separately now.

Do they still contribute towards the repayments?

What percentage of the repayments are you responsible for? For example 50%.

No

Yes  Please tell us their full name and relationship to you.

No

Yes



**Part 12: Owning your own home** continued

**Is there an insurance policy that pays on the loan if you or your partner becomes sick or unemployed?**

Have you or your partner made a claim on the insurance policy?

Will the insurance cover your or your partner's payments to the lender?

No   
Yes

No  You or your partner should make a claim on the policy as soon as possible.  
Yes  When do you or your partner expect to get the first payment?

/  /

No   
Yes

**We will write out to you later for more information on your mortgage protection policy.**

What was the money used for?

- Home improvements      We will write out to you about this.
- Repairs                      We will write out to you about this.
- Others                         Please tell us below what was done with the rest of the loan.  
For example, buying a piece of land or buying a car.

**Part 12: Owning your own home** continued

**If the loan was used for transfer of equity, please tell us how much for.**

For example, to buy out an ex-partner or former owner's share.

**If the loan was used for debt consolidation, please tell us how much for.**

Debt consolidation means bringing all your debts together, so you can start making just one monthly payment to just one lender.

**Did this amount include any redemption fees?**

A redemption fee is a charge made by the lender if you pay off the mortgage or home improvement loan early.

No   
Yes  Please tell us how much this was for.

**Do you or your partner have another loan on your home?**

No  Go to **Part 13**.  
Yes  Please tell us about the bank, building society or other lender where your loan is paid to.

Name of lender

Loan reference number

How much did you borrow?

What date was the loan taken out?

Is this loan secured on the property?

No   
Yes

**Part 12: Owning your own home** continued

Whose name is the loan in?

Yours       Your partner's       Both

**Is the loan shared with anyone else?**

This includes for example, a partner, ex-partner, mother, sister, even if they live separately now.

No   
Yes  Please tell us their full name and relationship to you.

Do they still contribute towards the repayments?

No   
Yes

What percentage of the repayments are you responsible for? For example 50%.

%

**Is there an insurance policy that pays on the loan if you or your partner becomes sick or unemployed?**

Have you or your partner made a claim on the insurance policy?

No   
Yes   
No  You or your partner should make a claim on the policy as soon as possible.  
Yes  When do you expect to get the first payment?  
 / /

Will the insurance cover your or your partner's payments to the lender?

No   
Yes

**We will write out to you later for more information on your mortgage protection policy.**

## Part 12: Owning your own home continued

### What was the money used for?

- Home improvements We will write out to you about this.
- Repairs We will write out to you about this.
- Others Please tell us below what was done with the rest of the loan.  
For example, buying a piece of land or buying a car.

### If the loan was used for transfer of equity, please tell us how much for.

For example, to buy out an ex-partner or former owner's share.

£

### If the loan was used for debt consolidation, please tell us how much for.

Debt consolidation means bringing all your debts together, so you can start making just one monthly payment to just one lender.

£

### Did this amount include any redemption fees?

A redemption fee is a charge made by the lender if you pay off the mortgage or home improvement loan early.

- No
- Yes  Please tell us how much this was for.

£

### Is this an equity release product, for example a lifetime mortgage?

- No
- Yes

**Part 12: Owning your own home** continued

**Do you and or your partner have any other mortgages or loans?**

No

Yes  Please provide the same details in the space below you have already provided for your first 3 loans.

If you answered **Yes**, how many more loans do you or your partner have that you haven't already told us about?

## Part 12: Owning your own home continued

Do you agree to Jobcentre Plus contacting your loan provider about your mortgage, remortgage or home improvement loan and for your lender disclosing information about them with Jobcentre Plus?

No   
Yes

This is so we can get all the information we need to make a quick decision on your claim.

## Part 13: Living in a care home

Do you or your partner live in a care home?

No  Go to **Part 14**.

Yes  When did you move to the address where you live now?

 /  / 

Did you or your partner get help from

- the Health Authority
  - Health Trust, or
  - the Local Authority Social Work Department (Scotland)
- to get a place in the home?

No   
Yes   
Don't know

Are you or your partner paying for this care out of any savings you have?

No   
Yes

Are family or friends paying for this care?

No   
Yes

**Part 13: Living in a care home** continued

**Are you or your partner living in a care home on a temporary basis?**

If temporary, how long do you or your partner expect to stay?

No   
Yes  Make sure you have told us about your usual address in the other parts of this form.

**Did you or your partner ever own your home before you moved to where you are living now?**

Who owned the home?

Has it been sold?

If it has not been sold, does anyone live there?

No   
Yes

No   
Yes  When was it sold?  /  /  How much was it sold for? £

No   
Yes  We will write to you about this.

**Are you married or in a civil partnership?**

What is your spouse or civil partner's full name?  
By spouse, we mean your husband or your wife.

If your spouse or civil partner is not living with you in the care home, please tell us their address.

No  Go to **Part 14**.  
Yes  Please tell us about your spouse or civil partner.

Postcode

## Part 14: Special circumstances

### Are you, your partner, or anyone else you are claiming Income Support for, registered blind or severely sight impaired?

If anyone was registered blind or severely sight impaired but has come off the blind register in the last 28 weeks, please tell us about this in **Part 16** of this form.

No

Yes  Who is registered blind or severely sight impaired?

What date did you, your partner or anyone you are claiming for register as blind or severely sight impaired?

### Are you or your partner pregnant?

If **Yes**, you may be entitled to Healthy Start Vouchers. To claim Healthy Start Vouchers you should fill in the form in leaflet HS01 Free milk, fruit, veg and vitamins for you and your family. You can get it from your doctor's surgery or health clinic, or by phoning the helpline at the Healthy Start Issuing Unit on **0845 607 6823**.

No

Yes  Who is pregnant?

What date is the baby expected?

### Are you, your partner, or anyone else you are claiming Income Support for, doing or have just finished, a course of education or training?

Who is currently doing a course or has just finished a course?

Name of course or training scheme

Name of school, training centre, college or university

How many hours a week is it or was it?

Date it ended or is expected to end

Date of final examination

Are you or your partner entitled to a student loan?

No

Yes  Please tell us about this below.

 hours

No

Yes  We may ask you about your student income and term dates at a later date.



## Part 14: Special circumstances continued

**Everyone must answer these questions. If you do not, your claim may be delayed.**

By the *United Kingdom* we mean England, Scotland, Wales and Northern Ireland.

**If a UK national, do you or your partner have the right of abode in the UK?**

For example, you have the right of abode in the UK if you are a British citizen.

By 'the right of abode' we mean you

- are free from immigration control, **and**
- do not need the permission of an immigration officer to enter the UK, **and**
- can live and work in the UK without restriction.

**At any time, have**

- **you, your partner, or**
- **anyone else you are claiming Income Support for come to live or returned to live in the United Kingdom (UK) from abroad?**

Who has come to live in the UK?

What is their nationality?

Which country have they come from?

Was this to work in the UK?

Has the Home Office put a limit on how long you can stay in the UK?

Does their passport say **no recourse to public funds**?

If they have lived in the UK before, when did they last leave the UK?

**You**

No

Yes

**Your partner**

No

Yes

No

Yes

Please tell us about this below. And please send passport or immigration documents for the people you tell us about below with this form. Or you can bring the passport or documents to your local Jobcentre Plus. You can find the phone number and address on the advert in the business numbers section of the phone book. Look under **Jobcentre Plus**.

**Person 1**




No

Yes

No

Yes

No

Yes

**Person 2**




No

Yes

No

Yes

No

Yes

**Part 14: Special circumstances** continued

**Have you, your partner or anyone else you are claiming Income Support for, come to the UK under the Family Reunion Scheme?**

No  Please go to the next question.  
Yes  Please go to the next page.

**Have you, your partner or anyone else you are claiming Income Support for, come to the UK under a sponsorship undertaking?**

A 'sponsorship undertaking' is a form that a relative must sign to say that they will pay for your living expenses if you settle in the UK. You can find out more by visiting **www.gov.uk/browse/citizenship**  
A sponsorship undertaking is not the same as the Family Reunion Scheme.

No  Please go to the next page.  
Yes  Please tell us about this below.

Who is being sponsored?

Name of the sponsor

Address of the sponsor

  
  
  
  
 Postcode

Home Office reference number

What date did the sponsor sign the sponsorship undertaking?

 /  / 

If more than one sponsor signed the sponsorship undertaking, please tell us about them in **Part 16 Other information**.

**We may get in touch with you for more information.**

**For our use**

UK visa / UK residence permit provided? No  Yes

## Part 14: Special circumstances continued

Please answer all of these questions, even if you think they do not apply to you.

|  | You  | Your partner   |
|--|--|--|
| <b>Are you or your partner an asylum seeker?</b>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| <b>Did you first apply for asylum before 3 April 2000?</b>   | No <input type="checkbox"/> If you are still an asylum seeker, you will not usually be entitled to benefit. But you may be entitled to get help from the Home Office.<br><br>Yes <input type="checkbox"/> Send us proof of the asylum application with this form. Or you can bring the proof to your local Jobcentre Plus. | No <input type="checkbox"/> If your partner is still an asylum seeker, they will not usually be entitled to benefit. But they may be entitled to get help from the Home Office.<br><br>Yes <input type="checkbox"/> Send us proof of the asylum application with this form. Or you can bring the proof to your local Jobcentre Plus. |
| <b>Have you or your partner had a successful decision on your asylum application?</b>                                      | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Send us proof of the decision with this form. Or you can bring the proof to your local Jobcentre Plus.   |  |
| What was the date when you got the successful decision of your asylum application?   | <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>  |  |
| <b>Have you or your partner been supported by the Home Office while waiting for a decision on your asylum application?</b> | No <input type="checkbox"/> Please go to <b>Part 15</b> .<br>Yes <input type="checkbox"/> Send us details of any support given to you by the Home Office. For example, a letter from the Home Office which tells us about these things.  | No <input type="checkbox"/> Please go to <b>Part 15</b> .<br>Yes <input type="checkbox"/> Send us details of any support given to your partner by the Home Office. For example, a letter from the Home Office which tells us about these things.   |
| <b>For our use</b>   | UK visa / UK residence permit / NASS 35 provided?  | No <input type="checkbox"/> Yes <input type="checkbox"/>   |

## Part 15: How we pay you

### **We normally pay your money into an account.**

Many banks and building societies will let you collect your money at the post office.

We will tell you when we will make the first payment and how much it will be for.

We will tell you if the amount we pay into the account is going to change.

### **Finding out how much we have paid into the account**

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

### **If we pay you too much money**

If we pay you too much money we have the right to take back any money we pay that you are not entitled to. This may be because of the way the payment system works.

For example, you may give us some information which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

### **We will contact you before we take back any money.**

## What to do now

- Tell us about the account you want to use on the next page. By giving us your account details you
  - agree that we will pay you into an account, and
  - understand what we have told you above in the section **If we pay you too much money.**
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account, please contact us and we will give you more information.

---

**Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.**

## Part 15: How we pay you continued

### About the account you want to use

- You can use an account in your name, or a joint account.
- You can use someone else's account if
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a credit union account. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an appointee or a legal representative acting on behalf of the claimant, the account should be in your name only.

**Please tell us your account details below.**

**It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.**

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

#### Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

#### Full name of bank or building society

#### Sort code

Please tell us all 6 numbers, for example: 12-34-56.

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

#### Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

#### Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

# Part 16: Other information

**Have you answered all the questions on the form that apply to you and your partner, if you have one?**

If **No**, please tell us why you have not answered all the questions.

There is more information about this in the notes at the front of this form.

**Can you provide all the documents we have asked for?**

If **No**, please tell us why you cannot provide all the documents.

No

Yes

No

Yes

## Part 16: Other information continued

**Please use this space to tell us anything else you think we might need to know.**

If there is not enough space, please use a separate sheet of paper. Make sure that you

- tell us who the information is about, **and**
- put your full name and address and National Insurance number on each sheet of paper, **and**
- sign and date each sheet that you use.

A large, empty rectangular box with a thin black border, intended for the user to provide additional information as requested in the text above.

## Part 17: Declaration

### Now read the declaration

- I declare that I understand the Income Support notes and that the information provided on this claim form is correct and complete.
- I understand that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty.
- I will phone **0345 608 8545** or write to my local Jobcentre Plus office to report a change in my circumstances.
- If I give false or incomplete information or fail to report changes in my circumstances promptly, I understand that my Income Support may be stopped or reduced and any overpayment of Income Support may be recovered. In addition I may be prosecuted or face a financial penalty.

**0345**

**0845**

You can use the **0845** code to call our **0345** numbers. Check with your phone company which code is cheaper for you.

### You

**Please sign and date this form.  
This is my claim for Income Support.**

### Signature

### Date

**Now please read the notes on the next page of this form.**

## For our use

**I read back to the claimant the entries I made on this form based on the information given by them. The claimant agreed they were correct.**

### Interviewing officer's signature

### Claimant's signature

### Date



## Part 18: What to do now

**Check** that you have answered all the questions on this form that apply to you and your partner, if you have one.

**Check** that you have given us ALL your account details in **Part 15 if you want to be paid directly.**

**Check** that you have signed and dated this form.

**Check** **that you have sent us all the documents we have asked for. Use the checklist below.**

### Proof of identity

It is important that we can be sure of your identity when you claim Income Support. We may need to ask you more questions about this. We may also need to see official documents that help prove your identity.

A National Insurance number is not proof of identity.

- The last 2 monthly or last 5 weekly payslips if you or your partner are still working or are off work sick.
- Proof of fostering
- Proof of savings over £5,500 including any share certificates.
- Proof of any pension you have told us about.
- Any proof we have asked for of other money coming in.
- Proof of any payments from a credit insurance policy.
- Proof of any War Pension.
- Any passports or immigration documents we have asked for.
- Any proof we have asked for about an asylum application made by you or your partner.

**You may lose benefit if you do not provide original documents within one month of the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

## Part 19: Where to send your form and documents

Send or take this form and any documents we have asked for to Jobcentre Plus. You can find the phone number and address on the advert in the business numbers section of the phone book. Look under **Jobcentre Plus**.

If you pay rent or Council Tax, you may be eligible for Housing Benefit or a reduction in your Council Tax. Contact your local council for more information on how to claim Housing Benefit or to apply for a reduction in your Council Tax.

This will not affect the amount of Income Support you get.

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## Part 20: What happens next

- If you are entitled to Income Support we will write to tell you how your benefit has been worked out and how you will be paid.
- If you are not entitled to Income Support we will write to tell you why and what to do if you disagree with the decision.
- Your local council will get in touch with you about Housing Benefit and a reduction in your Council Tax.
- We will not be able to deal with your claim and may have to send your claim form back to you if
  - you have not answered all the questions on this form that apply to you and your partner, if you have one, or
  - you have not provided all the documents we have asked for.

## Part 21: How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, visit our website at [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter) or contact any of our offices.

### For our use

#### Date valid claim received

#### Initials

#### Date