



Review Form

Housing Benefit/ Council Tax Support

Official use

Officer:

Code:

Date:

First Visit:

Date card left:

	<p>Please complete in black ink and return in the envelope provided. If this form is not returned within 1 calendar month, your benefit will be suspended</p>
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You			Your Partner		
Full Name		V/N	Full Name		V/N
Date of Birth		V/N	Date of Birth		V/N
National Insurance Number		V/N	National Insurance Number		V/N
Telephone Number			Telephone Number		
Email Address			Email Address		

If you are claiming Second Adult Rebate please complete sections 3, 4 and 5

Section 1

About your home

Do you? *Please tick one of the following:*

Own your own home or pay a mortgage

☐

Pay rent to a private Landlord

☐

Live in Board and Lodgings

☐

Pay rent to a Housing Association

☐

How much rent are you being charged?

 V/N

How is your rent charged?

Weekly

☐

Monthly

☐

4 Weekly

☐

Other

☐

When did your rent last increase?

 V/N

Name and address of Landlord/Agent:

Section 2

Children (Dependants)

Are you claiming for any children? Yes ☐ No ☐ (You can not claim for foster children)

A dependant child is someone:

- Aged under 16; or
- Aged 16 or over (but under 20), and not in higher education. They must be treated as a child for Child Benefit purposes.

Surname	Other Names	Date of Birth	Relationship to You

Have there been any changes in your child minding costs? Yes ☐ No ☐

If yes please provide proof.

Section 3

Other People Who Live With You (Non-Dependants)

Non-dependants are usually grown up sons, daughters, other relatives or friends.

	Full Name	Relationship to You	Date of Birth	National Insurance Number
1.				
2.				
3.				

Section 4

Non-Dependant Earnings

If any of your non-dependants are working, please provide details of their employment and earnings received and how often they are paid ie weekly, fortnightly, 4 weekly, monthly. Please give details of methods of payment ie cash, cheque, direct to bank account (BACS). If none, please write none.

	Occupant 1	Occupant 2	Occupant 3
Name			
Name and Address of Employer			
Occupation			
Amount Paid (Gross)	V/N	V/N	V/N
How often Paid	V/N	V/N	V/N
Method of Payment	V/N	V/N	V/N

Section 5

Non-Dependant Benefits

Please give details of any benefits that your non-dependants may be receiving ie Job Seekers Allowance, Income Support, Child Benefit etc, and how often it is received ie weekly, fortnightly, 4 weekly, monthly, annually. If none, please write none.

		Occupant 1	Occupant 2	Occupant 3
Type	1	V/N	V/N	V/N
	2	V/N	V/N	V/N
	3	V/N	V/N	V/N
Amount	1	V/N	V/N	V/N
	2	V/N	V/N	V/N
	3	V/N	V/N	V/N
Method of Payment	1	V/N	V/N	V/N
	2	V/N	V/N	V/N
	3	V/N	V/N	V/N
How Often Received	1	V/N	V/N	V/N
	2	V/N	V/N	V/N
	3	V/N	V/N	V/N

Section 6

Working		You		Your Partner	
Are you or your partner working at the moment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date started work					
Number of hours worked per week					
Employer's Name					
Address					
Tel No					
Type of employment					
Earnings	Gross	£	V/N	£	V/N
	Net	£	V/N	£	V/N
How often paid?					
Method of payment					
Date of last increase					
Are you or your partner self-employed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of work?					

Section 7

Other Income

Please give details of all income you have coming in and how often it is received ie weekly, fortnightly, 4 weekly, monthly, annually. (By income we mean things like maintenance, student grants, private pensions, trust fund income, payments from credit insurance policy, money from sub-tenants or any other payment you receive etc.). If none, please write none.

		You		Your Partner	
Type	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
Amount	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
How often received and method of payment	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
Date of last increase	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N

Section 8

Benefits

Please give details of all benefits you receive ie State Pension, Jobseekers Allowance, Income Support, Child Benefit, Pension Credit, Tax Credits, etc., and how often it is received ie weekly, fortnightly, 4 weekly, monthly, annually. If none, please write none.

		You		Your Partner	
Name of benefit/pension	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
	4.		V/N		V/N
Amount	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
	4.		V/N		V/N
How is it paid?	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
	4.		V/N		V/N
How often received?	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
	4.		V/N		V/N

Does anyone get Carer's Allowance for looking after you or your partner?

No ☐ Yes ☐ No ☐ Yes ☐

Have you or your partner ever claimed Carer's Allowance?

No ☐ Yes ☐ No ☐ Yes ☐

Still tick 'Yes' if you were not paid any Carer's Allowance. This could have been because you were better off getting another social security benefit.

Section 9

Cash, Savings and Investments

Do you have any of the following? If yes, please tick **all** appropriate boxes.

bank account	<input type="checkbox"/>	premium bonds	<input type="checkbox"/>	money from sale of a house	<input type="checkbox"/>
building society account	<input type="checkbox"/>	shares	<input type="checkbox"/>	money/property held in trust	<input type="checkbox"/>
post office account	<input type="checkbox"/>	unit trusts	<input type="checkbox"/>	money saved for something	<input type="checkbox"/>
national savings account	<input type="checkbox"/>	ISAs/PEPs	<input type="checkbox"/>	any other money	<input type="checkbox"/>
income bonds	<input type="checkbox"/>	redundancy payment	<input type="checkbox"/>	property/land	<input type="checkbox"/>

		You		Your Partner	
Type of Account	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
	4.		V/N		V/N
Account Number	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
	4.		V/N		V/N
Amount & Date	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
	4.		V/N		V/N
Other Savings	1.		V/N		V/N
	2.		V/N		V/N
	3.		V/N		V/N
	4.		V/N		V/N
Address of Property/Land					

Do you or your partner have any National Savings Certificates?

Yes ☐ No ☐

Issue No.						
Held by						
How many units?		V/N		V/N		V/N

Do you have a home income plan? Yes ☐ No ☐

Are you in an equity release scheme? Yes ☐ No ☐

Section 10

Apprenticeships/Training schemes/Students

Please give details of anyone within your household who is on a training scheme/Apprenticeship or is a full time student.

	Full name	Scheme/course	Start date and expected finish dates	Wage/grant /bursary
1				
2				

Section 11

Additional Information

Please complete this section if you are expecting a change of circumstances to occur over the next weeks e.g. starting work or somebody due to move in, or if there was not enough room for your answers to any of the previous sections.

How we collect and use information

The Revenues Division (hereinafter known as we or us) will use the information you give us in this form and in any supporting evidence you send us, to process your claim for Housing Benefit and Council Tax Support.

We may pass the information to other agencies or organisations such as the Department of Work and Pensions, the Jobcentre Plus, the Pension Service and the Inland Revenue, as allowed by the law.

By law, we may check the information you have provided, or information provided about you by someone else, against other information we already have. We may ask other agencies, organisations, local authorities or government departments to give us information they have about you to:

- Make sure the information is accurate;
- Prevent or detect crime; and
- Protect public funds.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

You have the right to ask for a copy of the information we hold on you, which is subject to the Data Protection Act 1998 (for which we may make a small charge), and to correct any inaccuracies.

The Borough Council of King's Lynn and West Norfolk is the data controller for the purposes of the Data Protection Act 1998.

If you want to know more information we have about you, or the way we use that information, you can ask our Data Protection Officer.

Declaration

I confirm that there **has/has not*** been a change in my circumstances since I last completed a claim form.

The information on this form is true and complete, and correctly represents my circumstances as they are at the present time.

The Revenues Division may make any enquiries to check the information I have given on this form. I understand that if I have deliberately given you false information or I have withheld any information, the Revenues Division could prosecute me.

I agree that you can use the information on this form for Council Tax purposes, Revenues Services and Rent Officer Services and for the assessment of other Social Security Benefits.

I fully understand that I must let the the Revenues Division know immediately about any changes in my circumstances or those of my family and non-dependants living in my household which might effect my claim.

I understand that you have the right to claim back any Housing Benefit or Council Tax Support that you have wrongly given me because I have not told you of these changes.

* Delete as applicable

Your signature Date

Your partner's signature Date

In order to protect public funds, the Revenues Division may use information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purpose, with other organisations, which handle public funds. We may also share this information with other departments within the authority.

If there have been any changes in your circumstances please supply supporting evidence.

If this form has been filled in by someone other than the person claiming:
Please tell us why you are filling in this form for the person claiming.

Name:	Signature:	Date:
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If there has been a change in your circumstances since you last completed a form, please provide proof of that change

**This form must be returned within 1 calendar month
or your benefit will be suspended**