

Academy Number:

Name:

Address:

Contact telephone number

Please return this form to:

Revenues and Benefits
Royal Borough of
Greenwich
The Woolwich Centre
Wellington Street
Woolwich SE18 6HQ

Disabilities *Please delete as appropriate*

Does anyone in your home have a disability? Yes No

Has your home been adapted for disability? Yes No

Are you or your partner in receipt of Disability Living Allowance? Yes No

Do you or your partner have an overnight carer? Yes No

Overnight care provider

Who provides the overnight care? *Please tick the box that applies:*

Paid carer Carer provided a Charity Friend(s) Relative(s)

Please give the name of the company, charity, friend or relative

How often do you receive overnight care?

What type of care do they provide for you?

Carers allowance

Does anyone claim carers allowance to care for you or your partner? If yes please provide their name(s)

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

Amendments to information you have been sent

The following people live with you but are not included in the information you have been sent:

Full name	Relationship to you	Date they moved in	Date of birth	Male or Female	Do you receive child benefit for them, do they receive benefits or work, or are they lodging with you?

The following people do **not** live with you but have been included in the information you been sent:

Full name	Date they left	Forwarding address

How many bedrooms does your home have?

If you own part of your home under shared ownership tick this box

Declaration

Please read this declaration carefully before you sign and date it.

- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- I know that I must let you know in writing straight away about any change in my circumstances.

Signature

Date