Housing Benefit and Council Tax Support Declaration of Income



This form is for claimants who have claimed Housing Benefit and Council Tax Support, and do not have any income.

| Information about you | | | | | | | | | | |
|-----------------------|-------------------|---|-------------------|------|--|--|--|--|--|--|
| Name | | | | | | | | | | |
| Ac | Address | | | | | | | | | |
| | | | | | | | | | | |
| Cl | aim | reference | | | | | | | | |
| Pe | erio | od of Declaration of Income | | | | | | | | |
| Sta | ırt (| date | | | | | | | | |
| En | d da | ate | | | | | | | | |
| Н | w I | ong have you had no income for? | | | | | | | | |
| Sta | ırt (| date | | | | | | | | |
| P i | | ious work history Then was the last date you were employed? | | | | | | | | |
| 2) | | When was the last date you were employed? When was the last date you received an income or payment from an employer? | | | | | | | | |
| 3) | Н | ave you done any work since the date provided in question 1? | Yes □ | No □ | | | | | | |
| 4) | If yes, have you: | | | | | | | | | |
| | a. | not been paid but are expecting payment? If yes, please give the date and amount due to you: | Yes □ | No □ | | | | | | |
| | b. | worked for expenses only? If yes, tell us what you did, who it was for and how much you re | Yes □ eceived: | No 🗆 | | | | | | |
| | | | | | | | | | | |

| | c. worked in exchange for goods and serv | vices or a rent in Yes \square | ee period for y | our landiord? | | | |
|----------|---|----------------------------------|-----------------|---------------------|--|--|--|
| | If yes, please tell us what you did and v | vhat you received | d | | | | |
| | | | | | | | |
| | | | | | | | |
| <u> </u> | Do you have a return to work date? | Yes □ | No □ | | | | |
| , | If yes, when? | | | | | | |
| 6) | Were you self-employed? | Yes □ | No □ | | | | |
| Sι | upport from friends or relatives | | | | | | |
| l) | How are you supporting yourself? | | | | | | |
| | For example, how have you paid for food this week, what are you going to do next week? | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2) | Have you received financial support from | anywhere else? | Yes □ | No □ | | | |
| 3) | If so, who from? | | | | | | |
| 4) | How much? | | | | | | |
| 5) | How often? | | | | | | |
| 6) | Do you have to repay this money? | | Yes □ | No □ | | | |
| Εv | idence needed: Please provide a letter fro | om the people su | pporting you t | o confirm the above | | | |
| info | ormation. This must include the names and | addresses of the | people provid | ing the support. | | | |
| D | epartment of Work and Pension | s (DWP) ber | nefits claim | history | | | |
| | • | | | - | | | |
| | idence needed: Please provide evidence of cities in the contraction is signified. The cities is a contraction of the cities | • | | n, including any | | | |
| 1) | Were you previously receiving Jobseekers Allowance, Income Support, Employment Support | | | | | | |
| ') | Allowance, Universal Credit, Pension Credit or any other state benefit? | | | | | | |
| | | es □ No | | | | | |
| | If yes, which one: | | | | | | |
| 2) | When did your claim stop? | | | | | | |

| 3) | Why did your claim stop? | | | | | | |
|------------|---|---|-----------|--|--|--|--|
| 4) | Have you made an unsuccessful claim for Jobseekers Allowance, Income Support, Employment and Support Allowance, Universal Credit or Pension Credit, or any other state benefit? | | | | | | |
| | Yes | No □ | benene. | | | | |
| | If yes, which one: | | | | | | |
| 5) | If you have claimed and your claim was refused, please state the | d and your claim was refused, please state the reasons why? | | | | | |
| 6) | Are you taking any steps to reinstate your claim? Yes \Box | No □ | | | | | |
| 7) | Are you claiming any benefits elsewhere? Yes \square | No □ | | | | | |
| | If yes where do you claim? | | | | | | |
| 8) | Do you have any earnings, savings or any other income that previous \Box | vents you from € | claiming? | | | | |
| 9) | If you haven't claimed Jobseekers Allowance, Income Support, E | | Support | | | | |
| , | Allowance or Pension Credit, why are you claiming Housing Benefit? (Housing Benefit can | | | | | | |
| | only cover your rent, it won't provide money for other living expenses such as food, etc.) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| O 1 | ther income and information | | | | | | |
| I) | Did you receive a Private Pension? | Yes □ | No □ | | | | |
| | If yes, how much? | | | | | | |
| | When did you stop receiving this? | | | | | | |
| 2) | Were you a student? | Yes □ | No □ | | | | |
| 3) | Have you used any savings to support yourself for this period? | Yes □ | No □ | | | | |
| | Evidence needed: If yes, send us copies of your bank statements to show this. | | | | | | |

☐ 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 Print name

What you need to show us

Declaration

Date

Please provide evidence of any support from friends, recent DWP benefit claims, and savings. Please provide evidence covering the period of this declaration.

You can return a completed form and evidence by the following routes:

- For new Housing Benefit claimants by uploading evidence with your online form (you can also come back to do this after you have submitted your online form).
- You can take evidence to one of our offices and we can help you upload it to your claim.
- Send to us at benefits@royalgreenwich.gov.uk or Advice and Benefits Service, The Woolwich Centre, 35 Wellington Street, Woolwich, London, SE18 6HQ.

For any queries please email benefits@royalgreenwich.gov.uk or call 0208 921 4900.