

Second Adult Rebate

working for our community

Name

Ben Ref

Address

Date

Telephone Number

In order for us to establish any entitlement for Second Adult Rebate, please complete the details below. You will be notified of our decision as soon as possible.

-
-
-
- partner or a commercial lodger? By partner we mean a person you are married to or a person you live with as if you are married to them, or a civil partner or a person you live with as if you are civil partners.
-

If so, you may be entitled to Second Adult Rebate, even if your income or savings are too high to qualify based on your own income. Please complete this form and we will calculate whether you qualify, based on the income of the other people who live with you.

1 About those in your home. Please tell us about you and your partner, if you have one.

	First Name	Surname	Date of Birth	N.I. Number	Full Time Student?	Temporarily in Hospital	Office Use Only
You							
Your Partner							

2 About others who live in your home.

	1 st Adult	2 nd Adult	3 rd Adult	4 th Adult
First Names				
Surname				
Date of Birth				
National Insurance Number				
Please Answer YES or NO to the following:				
Do they share ownership of your home with you?				
Are they a joint tenant with you?				
Do they pay you a commercial rent?				
Are they receiving Income Support or Income Based Jobseeker's allowance?				
Are they receiving Guarantee Credit or Savings Credit?				
Are they a full time student?				
Are they on a training scheme?				
Are they an apprentice or student nurse?				
Are they in hospital, in a home or a prisoner?				
Are they employed as your carer?				

3 Please inform us how much income the other adults in your home receive.

Name of Adult	Amount Received			Amount Received			Amount Received			Amount Received		
What are their gross weekly earnings, before deductions for tax, N.I. etc?												
Do they receive state retirement pension?	Y		N	Y		N	Y		N	Y		N
	£			£			£			£		
Do they receive a private pension?	Y		N	Y		N	Y		N	Y		N
	£			£			£			£		
Do they receive interest or income from savings?	Y		N	Y		N	Y		N	Y		N
	£			£			£			£		
Do they receive any other income such as child benefit, Working or Child Tax Credit?	Y		N	Y		N	Y		N	Y		N
	£			£			£			£		
Do they receive any other income?	Y		N	Y		N	Y		N	Y		N
	£			£			£			£		
For office use Total Income	£			£			£			£		

Please send proof of all income listed above. Photocopies are not accepted.

4 Declaration

You must read, sign and date the declaration otherwise your form will be returned to you. If someone fills the form in for you, they must sign it as well.

Please read this declaration carefully.

- This is my/our claim for Housing Benefit / Council Tax Benefit.
- I/We declare that the information I/We have given on this form is correct and complete to the best of my/our knowledge.
- I/We authorise the Council to make any necessary enquiries to verify the information on this form.
- I/We authorise the Council to cross check the information I/We have given with other sections within the Council, Rent Officer, other Councils and Benefit Authorities.
- I/We understand that if I/We give information that is incorrect or incomplete or fail to report any changes which might affect my/our benefit I/We may be prosecuted under the Social Security Administration Acts of 1992 and 1997.
- I enclose all the documents that I need to.
- I will tell the Benefits Service at once if there is any change in the circumstances or income of the people living in my home.

Your signature		Date	
Your partner's signature		Date	

Forms completed by someone other than the claimant.

This section must be completed if someone has filled in the claim form on your behalf. This includes an agent, appointee, relative or friend.

Name of the person who completed the form	
Signature of the person	
Relationship to you	