



# High Peak Borough Council

## A claim form for Housing Benefit and Council Tax Benefit

### Filling in the form

**Use black ink to fill in the form.** If you make a mistake, just cross it out and put the right answer next to it and initial the change. Do not use correction fluid or tape.

Answer **Yes** or **No** questions by putting a **tick** in the relevant box. **Do not put a cross in any boxes.** If you answer a question with a cross, we may have to send the form back, and this will delay your claim.

**If someone else fills in the form for you, there is a space for them to sign at Part 17B on page 26.**

### Proof

We will need to see **original** proof of some of the things you write about on the form.

**You must return this form as soon as you have filled it in, even if you do not have all the proof we ask for. You could lose benefit, if you do not do this straight away.**

- **We cannot process your claim until we have seen all the proof we have asked for.** There are checklists throughout the form to help you. It is essential that you give us all the supporting documents within **one calendar month** from the date you make your claim. If you do not, we will not accept your claim, and you will need to make a new application.

We need to see **original** documents for proof. **We cannot accept photocopies.**  
**These will be returned to you.**

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

If you need help to fill in this form, you can phone 0845 129 77 77 or call into any of our offices.

#### Contact details:

Website: [www.highpeak.gov.uk](http://www.highpeak.gov.uk)

E-mail: [benefits@highpeak.gov.uk](mailto:benefits@highpeak.gov.uk)

Phone: 0845 129 7777 or 01298 28400 (Monday to Friday 8:00 am to 8:00 pm)

#### Post your completed form to:

HPBC Benefits Section  
Town Hall  
Market Place  
Buxton  
Derbyshire  
SK17 6EL

#### Or call in to one of our offices

**Buxton:**  
Town Hall  
Buxton  
Derbyshire

**Glossop:**  
Municipal Buildings  
Glossop  
Derbyshire

To ask about opening hours, or to arrange an appointment, please phone 0845 129 7777 (Monday to Friday, 8am to 8pm).

### If you fill in this form, we will consider whether you are entitled to:

- **Housing Benefit.** This helps you to pay your rent if you are on a low income. If you rent your home from a **private landlord** we will usually pay a benefit called Local Housing Allowance. We will usually pay this to you, and it is then **your responsibility** to pay your rent to your landlord. You will receive an allowance based on the number of people who live with you. You can find out how much the maximum allowance is on our website. ([www.highpeak.gov.uk](http://www.highpeak.gov.uk))

If you rent your home from a **housing association**, you can choose how your benefit is paid. See Part 13 on page 23.

If you rent your home from High Peak Community Housing, your Housing Benefit will be paid direct to your rent account.

- **Council Tax Benefit.** This helps you to pay your Council Tax if you are on a low income. Any benefit we pay will be taken off your Council Tax bill.
- **Second Adult Rebate.** This is a type of Council Tax Benefit to help you reduce your Council Tax bill, if you have lost your Single Person Discount by the presence of another adult, who is not your partner. For further information please contact us direct.

### SAVINGS AND INVESTMENTS

You will not be able to get Housing Benefit or Council Tax Benefit if you have savings and investments over £16,000, unless you are receiving Pension Credit (Guaranteed).

### CHANGES IN CIRCUMSTANCES

#### IMPORTANT INFORMATION

You must tell us straight away about any changes in your, or your family's circumstances.

Tell us straight away if:

- you or your partner start working or change jobs;
- your or your partner's wage goes up or down;
- anybody moves into, or out of, your home;
- you or your partner start to receive a new state benefit;
- any state benefits you are receiving change or stop;
- your or your partner's private pension goes up;
- your or your partner's savings go up or down;
- your or your partner's childcare charges go up or down;
- one of your children leaves school;
- your or your partner's income, or the income of anyone in your household changes (this includes benefits);
- your or your partner's rent goes up; or
- you or your partner have any other change which may affect your benefit.

We might visit or write to you to make sure that your circumstances have not changed.

### Your phone numbers and e-mail address

If you provide these contact details it will help us to deal with your claim more quickly.

Daytime:

Evening:

Mobile:

E-mail address:

### For office use only

Claim Number:

CRM Number:

Rent reference:

First contact date:  /  /

Date issued:  /  /

Date received:  /  /

### PART 1A

Please tick the boxes which apply to you.

I want to claim help paying Council Tax.

I want to claim help paying rent.

I want to claim Second Adult Rebate.

### PART 1B

Are you a:

Council tenant?

Housing Association tenant?

Private tenant?

### PART 1C

Do you receive:

Income Support?

Pension Credit (Guarantee Credit)?

Job Seeker's Allowance (income based)?

Employment and Support Allowance (income related)?

### PART 2 - About you and your partner

Do you have a partner who normally lives with you?

Yes

If you have a partner, you must answer all the questions about them.

No

By partner, we mean someone that you live with as a couple.

Please list on a separate sheet if you have more than one partner.

	You	Your partner
Title (for example Mr, Mrs, Miss, Ms):	<input type="text"/>	<input type="text"/>
Last name:	<input type="text"/>	<input type="text"/>
First and middle names:	<input type="text"/>	<input type="text"/>
Address you want to claim at: (Do not tell us your partner's address if it is the same as yours.)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date you moved to this address:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number:	<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 must send proof of your identity and National Insurance number

Examples of documents to prove your National Insurance number:

- P45 from employer
- P60 from your employer
- National Insurance card
- Letter from HM Revenue and Customs
- A benefit letter from the Department for Work and Pensions

Examples of documents to prove your identity (we usually need at least two of these):

- A passport
- A recent gas, electricity or water bill
- A driving licence, or
- A marriage certificate or birth certificate
- A bank statement
- A letter from a solicitor, social worker or doctor

Have you enclosed original proof of your identity and National Insurance number? Yes  No

## PART 2 - About you and your partner - continued

**You**

**Your partner**

Have you or your partner claimed Housing Benefit or Council Tax Benefit before?

Yes  No

Yes  No

If 'Yes', what period did you claim for?

from  /  /  to  /  /

from  /  /  to  /  /

Which address did you claim for?

Postcode

Postcode

If you have claimed at more than one address in the last 12 months please give details in part 16 on page 25.

**You**

**Your partner**

Tell us any other names you have used:

--

--

Tell us your last address if you have moved in the last five years.

Postcode

Postcode

At your last address, were you:  
(Please tick the relevant box.)

the owner?

the owner?

a tenant?

a tenant?

living with family or friends?

living with family or friends?

Do you or your partner have a legal right to live in or benefit from the sale of any other properties you have lived in?  
If 'Yes', please give details in part 9D on page 17.

Yes  No

Yes  No

Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last five years?

Yes  No

Yes  No

If 'Yes', what date did you arrive in the UK?

(The UK is England, Northern Ireland, Scotland and Wales.)

--

--

What is your nationality?

--

--

Are you an asylum seeker?

Yes  No

Yes  No

Have you been given permission to enter the UK as a result of a sponsorship agreement?

Yes  No

Yes  No

## PART 2 - About you and your partner - continued

	You	Your partner
<b>Are you or your partner currently away from home at the moment?</b> For example in prison, in hospital, studying, working away from home.	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please provide details <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
<b>When did you go away?</b>	<input type="text"/>	<input type="text"/>
<b>When do you expect to return home?</b>	<input type="text"/>	<input type="text"/>

<b>Do you have a main home somewhere else in the UK or abroad?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If 'Yes', do you pay rent for it?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the address?</b>	<input type="text"/>	
	<b>Postcode</b>	
<b>Please give your reasons for not living there.</b>	<input type="text"/>	

**Are you or your partner:** (Please tick 'Yes' or 'No' for each option below.)

• a carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', are you studying more than 16 hours a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• a student nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• an apprentice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• on youth training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• in Legal custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If 'Yes', is this due to non-payment of Council Tax?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• in a residential care or nursing home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
• long-term sick or disabled and not able to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you or your partner have a severe learning disability, mental illness or form of dementia?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does anyone get Carer's Allowance for looking after you or your partner?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details of the carer.	<input type="text"/>	
Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<b>Postcode</b>	

## PART 3 - About children

Do you have any children in your household who you receive Child Benefit for?

Continue on a separate sheet if necessary.

Yes  Give details in this part.

No  Go to part 4 on page 7.

	First child	Second child	Third child	Fourth child
Last name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<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"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different from yours:	<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"/>
Child Benefit number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child registered blind or getting Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay any childcare costs for this child? For example to a child minder, nursery or after-school club.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Name of provider:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week for each child?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do your childcare costs change anytime during the year? If 'Yes', please give details at part 16 on page 25.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- We need to see proof of your Child Benefit (original documents only).
- We need to see proof of your childcare costs. You will need to show proof of the person or organisation you make payments to, and the amount you pay including any changes in costs during the year.

Have you enclosed proof of your Child Benefit and any childcare costs?

Yes  No

## PART 4 - About other people who live with you

Do you have anyone else living in your household who you have not already mentioned on this form?  
Please continue on a separate sheet if necessary.

Yes  Give details in this part.

No  Go to part 5 on page 8.

	1	2	3
Title (Mr, Mrs, Miss, Ms):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<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"/>
National Insurance number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their relationship to you:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner? If 'Yes', how much?	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> every <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> every <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> every <input type="text"/>
Does this include money for food?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	1	2	3																								
Do they receive any benefits or allowances? If 'Yes', please state type and amount.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
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Are they working? If they are working, how many hours a week do they work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are their earnings each week before tax and National Insurance? (gross earnings)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they have any other income (for example, Child Benefit, Working Tax Credit, Child Tax Credit)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they have any savings or investments?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Are they: an apprentice or trainee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
a full-time student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
in custody or prison? Please give details at part 16 on page 25.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
in hospital? Please give details at part 16 on page 25.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they have a learning disability, severe mental illness or form of dementia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**You must send proof of their income. If you do not we will reduce your benefit and take the highest deduction. If they prefer, they can give us details themselves.**

**Have you enclosed proof of their income?**

Yes  No

## PART 5 - Benefits and Allowances

Do you receive any of the benefits listed in part 1C on page 3?

Yes   
No

**You**

**Your partner**

Have you claimed a benefit that you are still waiting to hear about?

Yes  No

Yes  No

Which benefit have you claimed?



When did you make your claim?

 /  / 
 /  / 

### Benefits, allowances and pensions

Do you receive:

Attendance Allowance?

Yes  No  Amount each week £

Yes  No  Amount each week £

Bereavement Allowance?

Yes  No  £

Yes  No  £

Carer's Allowance?

Yes  No  £

Yes  No  £

(Tick 'Yes', if you were entitled to but not paid any Carer's Allowance.

This could have been because you were better off getting another benefit.)

Disability Living Allowance (Care)?

Yes  No  £

Yes  No  £

Disability Living Allowance (Mobility)?

Yes  No  £

Yes  No  £

Employment and Support Allowance (contribution based)?

Yes  No  £

Yes  No  £

Incapacity Benefit?

Yes  No  £

Yes  No  £

Industrial Death Benefit?

Yes  No  £

Yes  No  £

Industrial Disablement Pension?

Yes  No  £

Yes  No  £

Industrial Injuries Benefit?

Yes  No  £

Yes  No  £

Industrial Widow's Pension?

Yes  No  £

Yes  No  £

Jobseeker's Allowance (contribution based)?

Yes  No  £

Yes  No  £

Pension Credit (Savings Credit)?

Yes  No  £

Yes  No  £

Reduced Earnings Allowance?

Yes  No  £

Yes  No  £

Severe Disablement Allowance?

Yes  No  £

Yes  No  £

State Pension?

Yes  No  £

Yes  No  £

War Disablement Pension?

Yes  No  £

Yes  No  £

War Widow or Widower's Pension?

Yes  No  £

Yes  No  £

Widow or Widower's Pension or Benefit?

Yes  No  £

Yes  No  £

## PART 5 - Benefits and allowances - continued

	You			Your partner		
<b>Do you receive:</b>			Amount each week			Amount each week
<b>Child Benefit?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
<b>Fostering or Adoption Allowance?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
<b>Guardian Allowance?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
<b>Maternity Allowance?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
<b>Widowed Parent's Allowance?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>

	You			Your partner		
<b>Do you receive:</b>			Amount each week			Amount each week
<b>Child Tax Credit?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
<b>Working Tax Credit?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
<b>Have you recently claimed or renewed a claim for Child Tax Credit or Working Tax Credit?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Are you waiting to hear about that claim?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**You must provide proof (original documents) of any benefits you receive. We need to see all pages of any letters from the Department for Work and Pensions or HM Customs and Excise.**

**Have you included proof of your benefit and allowances?** Yes  No

## PART 6 - Earnings

### You

### Your partner

Do you or your partner work for an employer? (This may also include Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay, or Statutory Adoption Pay)

Yes  No

If 'Yes', complete part 6A below.

Yes  No

Are you or your partner self-employed?

Yes  No

If 'Yes', complete part 6B on page 12.

Yes  No

## Part 6A - Working for an employer

### You

### Your partner

Name of the company you work for:

Address of the company you work for:





Postcode






Postcode

Are you a paid director of this company?

Yes  No

Yes  No

Your job title or type of business:



What date did you start work?

 /  / 
 /  / 

If this work is temporary, what date will it end?

 /  / 
 /  / 

How many hours do you work each week?



How much do you get before tax and National Insurance are taken off?

£

£

Are you on a work-based training allowance?

Yes  No

Yes  No

If 'Yes', which scheme are you on?

If 'Yes', which scheme are you on?

Are you or your partner getting Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay or Statutory Adoption Pay?

Yes  No

Yes  No

If 'Yes', which one and when did it start?

If 'Yes', which one and when did it start?

 /  / 
 /  / 

Do you or your partner pay pension contributions to a pension scheme that is not paid from your wages or salary?

Yes  If 'Yes', give details below.

No

Amount: £  How often?

(You must provide proof of this)

Do you work regular overtime or receive regular bonuses?

Yes  No

If 'Yes', how much?

£

How often?

every

Yes  No

If 'Yes', how much?

£

How often?

every

## PART 6A - Working for an employer - continued

	You	Your partner
<b>How often are you paid?</b>	Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every calendar month <input type="checkbox"/> Every four weeks <input type="checkbox"/> Other <input type="checkbox"/>	Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every calendar month <input type="checkbox"/> Every four weeks <input type="checkbox"/> Other <input type="checkbox"/>
<b>When is your next pay rise due?</b>	<input type="text"/>	<input type="text"/>
<b>How is your wage paid?</b>	Bank or building society account <input type="checkbox"/> In cash <input type="checkbox"/> By cheque <input type="checkbox"/> Other (please say how) <input type="checkbox"/> <input type="text"/>	Bank or building society account <input type="checkbox"/> In cash <input type="checkbox"/> By cheque <input type="checkbox"/> Other (please say how) <input type="checkbox"/> <input type="text"/>
<b>Do you do any voluntary or unpaid work?</b> If 'Yes' please give details in <b>part 16 on page 25.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Do you have more than one job?</b> If 'Yes' please tell us the name and address of each employer and send up-to-date proof of your earnings and your employer's details for each one.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Company name:</b>	<input type="text"/>	<input type="text"/>
<b>Company address:</b>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
<b>Postcode</b>	<input type="text"/>	<input type="text"/>
<b>How often are you paid?</b>	<input type="text"/>	<input type="text"/>
<b>What date did you start work?</b>	<input type="text"/>	<input type="text"/>
<b>If this work is temporary what date will it end?</b>	<input type="text"/>	<input type="text"/>
<b>How many hours do you work each week?</b>	<input type="text"/>	<input type="text"/>

**You must provide proof of your earnings.** Please send us your last **five payslips** if you are paid every week, your last **two payslips** if you are paid every month or your last **three payslips** if you are paid every fortnight. Your proof of earnings must be up to date and show the number of hours you work, your employer's name and address and your pay before tax, National Insurance and any pension contributions.

If you do not have payslips, they are handwritten or they do not show the required information as detailed above, ask your employer to fill in the certificate on page 13.

**Have you included proof of your earnings?**

Yes  No

## PART 6B - Self-employed

### You

### Your partner

Please tell us the type of self-employed work you do.



What is your business address?

  
  
  

  
  
  


Do you have any business partners?

Yes  No

Yes  No

Tell us their names, and addresses  
Name:



Address:

  
  
  

  
  
  


What is your share of the business?

 %

 %

What date did you start trading?

 /  / 
 /  / 

How many hours a week do you usually work?



Do you or your partner pay pension contributions to a pension scheme that is not paid from your wages or salary?

Yes  If 'Yes', give details below.

No

Amount: £  How often?

(You must provide proof of this)

Do you get Business Start-up Allowance?

Yes  No

Yes  No

Do you run more than one self-employed business?

Yes  No

Yes  No

If 'Yes', give details on a separate sheet.

**You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts we will send you a form to fill in.**

**Have you included proof of your self employment?** Yes  No

# Certificate of earnings

**Tear-off**

Please give this form to your employer if you are **not** sending us your payslips.  
To the employer - please give us the following information.

Full name of employee:

Employee's home address:   
  
  
  
Postcode

National Insurance number:  Payroll number:

Date employment started:  /  /

Please give details of your employee's earnings for the past five weeks (if paid weekly), past three (if paid fortnightly), or past two (if paid monthly). Please include any overtime and bonuses.

	Pay date	Gross pay	Income tax	National Insurance	Pension contribution	SSP, SMP, SPP or SAP	Gross pay to date
1		£	£	£	£	£	£
2		£	£	£	£	£	£
3		£	£	£	£	£	£
4		£	£	£	£	£	£
5		£	£	£	£	£	£

Total gross pay to date: £

Total pension contribution to date: £

Total tax to date: £

Tax week or month:

Total National Insurance to date: £

How do you pay your employee?  
(for example, bank transfer, cash, cheque)

Do the details you have provided represent the employee's average earnings? Yes  No

If 'No', why not?

Date of last pay increase:  /  /

Date of next pay increase:  /  /

Average number of hours they work each week  Tax code

Your name (employer) :

Your address:   
  
  
Postcode

Phone number:

Employer's signature:

Official stamp \*

Position:

Date:  /  /

\* If there is no official stamp, please confirm on official letterheaded paper that these details are correct.



# High Peak Borough Council

## Contact details

Website: [www.highpeak.gov.uk](http://www.highpeak.gov.uk)

E-mail: [benefits@highpeak.gov.uk](mailto:benefits@highpeak.gov.uk)

Phone: 0845 129 7777 or 01298 28400 (Monday to Friday, 8am to 8pm)

### Post your form to:

HPBC Benefits Section

Town Hall

Market Place

Buxton

Derbyshire

SK17 6EL

### Or call into one of our offices

#### Buxton:

Town Hall

Buxton

Derbyshire

#### Glossop:

Municipal Buildings

Glossop

Derbyshire

To ask about opening hours, or to arrange an appointment, please phone 0845 129 7777 (Monday to Friday, 8am to 8pm).

## PART 7 - Other income

In this part you do not need to tell us about any payments you receive from The Eileen Trust, The Macfarlane Trust, The Independent Living Fund, The VCJD Trust or The Skipton Fund.

Do you or your partner receive a private pension, works pension, or pension from a previous employer? If 'Yes', give details in the table below. You must send us your up-to-date proof and confirm how it is paid. **We cannot accept proof on bank statements.** Yes  No

	Name of company providing private pension	You	Your partner	Date it started	How much do you receive?	How often?	Date of the next increase
Pension (after tax)		<input type="checkbox"/>	<input type="checkbox"/>	/ /	£	every	/ /
Pension (after tax)		<input type="checkbox"/>	<input type="checkbox"/>	/ /	£	every	/ /
Pension (after tax)		<input type="checkbox"/>	<input type="checkbox"/>	/ /	£	every	/ /
Pension (after tax)		<input type="checkbox"/>	<input type="checkbox"/>	/ /	£	every	/ /

	You	Your partner
Do you receive maintenance, that is not for a dependant child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date it started:	/ /	/ /
How much do you receive?	£ Every	£ Every

Do you or your partner receive any other income? (for example, income from rents, member's expenses, student income, mortgage or loan protection policies or income from anywhere else.)	Yes <input type="checkbox"/> If 'Yes', give details below. No <input type="checkbox"/>	Yes <input type="checkbox"/> If 'Yes', give details below. No <input type="checkbox"/>
Date it started:	/ /	/ /
How much do you receive?	£ Every	£ Every
Where is the income from?		

Continue on a separate sheet if you need to.

## PART 8 - Money paid out

Do you or your partner pay to support a student?

Yes  If 'Yes', give details below.

No

Amount:

£

how often?

Who is it for?

Their date of birth:

/ /

when will this end?

/ /

Relationship to you:

You must send us up to date proof. This could be a letter showing how much you get or an up to date payment slip. Please send original documents as we cannot accept copies.

Have you enclosed proof for parts 7 and 8?

Yes  No

## PART 9 - Savings and investments

### PART 9A

**You**

**Your partner**

Do you or your partner have savings or investments that total more than £16,000?

Yes  No

Yes  No

Do you or your partner have a bank, building society or post office account?

Yes  No

Yes  No

This includes overdrawn accounts and accounts with nothing in them.

If 'Yes', please say what type of account you or your partner have and how much you have in each account. These could be bank accounts, PayPal accounts, building society accounts (including cash ISAs) or post office accounts.

Account holder	Account held at	Type of account (for example current account)	Account number	Balance
				£
				£
				£
				£
				£
				£
				£
				£

Use a separate sheet if necessary.

### PART 9B

**You**

**Your partner**

Do you or your partner have any stocks and shares including Investment ISAs, bonds, unit trusts or National Savings Certificates?

Yes  No

Yes  No

#### Stocks and shares, bonds, unit trusts, investment ISAs

Give details:

#### National Savings Certificates

Date bought:

 /  / 
 /  / 

Amount:

£

£

Term of investment:

years

years

#### Premium Bonds

Total value of bonds held:

£

£

## PART 9 - Savings and investments - continued

### PART 9C

You

Your partner

Do you or your partner have any other kind of savings or investments?

Yes  No

Yes  No

If 'Yes', please say how much and send proof.

How much?

£

£

Where is it invested?

How much?

£

£

Where is it invested?

Do you or your partner's savings or investments include any compensation payments from the Government or any other organisation?

Yes  No

Yes  No

Who from?

Reason received:

Date received:

/  /

/  /

How much did you receive?

£

£

### PART 9D

#### Other property or land

Do you or your partner own any other property or land besides the one you are claiming for?

Yes  No

Yes  No

This includes properties or land in this country and abroad, and timeshares.

If 'Yes' we will contact you for more details.

What is the address?

Postcode

Is the property up for sale?

Yes  No

If 'Yes', please confirm the date it was placed on the market and provide proof.

/  /

Does someone live in or use the property?

Yes  No

If 'Yes', who?

Name:  Relationship to you:

What is the current market value?

£

Do you owe any mortgage? Yes  No

How much is outstanding? £

You must only send proof of your savings and investments if they total more than £6000. We accept the following proof.

- **Bank statements or building society passbooks** of the last two months. We cannot accept balance slips showing the amount in your bank or building society account.
- **A letter from your bank or building society.** This should show the type of accounts you have and the current balance. The letter should confirm all payments made into and out of your accounts during the last two months.
- **For investments or other savings,** such as unit trusts, savings certificates, stocks and shares and bonds, we need supporting documents.

Have you enclosed proof of your savings and investments over £6000? Yes  No

If you own your own home, or if you only want to claim Council Tax Benefit or Second Adult Rebate, please go to part 14B on page 24.

If you pay rent to High Peak Community Housing, please go to part 14B on page 24.

If you pay rent to a private landlord or Housing Association and you want to claim Housing Benefit (including Local Housing Allowance), please answer all of the questions below.

## PART 10 - Your tenancy

If you do not answer all of the parts, your benefit will be delayed.

You

Your partner

Have you ever owned this property?

Yes  No

Yes  No

If 'Yes', when did you sell it?

If 'Yes', why did you sell it?

Has the Rent Service registered your rent as a fair rent?

Yes  No

If 'Yes', please provide your rent registration document.

What is your landlord's name?

(By landlord we mean the person or organisation who owns the property you live in. If your landlord uses an agent, we still need your landlord's details.)

What is your landlord's address?

  
  

Postcode

What is your landlord's phone number?

If your landlord has an agent, what is their name?

(By agent we mean the person, or organisation you actually pay rent to.)

What is your landlord's agent's address?

  
  

Postcode

What is your landlord's agent's phone number?

## PART 10 - Your tenancy - continued

	You	Your partner	Your children
Are you, your partner or your children related to your landlord or their partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

A relative can be a parent, son, daughter, sister, brother, parent-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, step-parent, stepson, stepdaughter, husband, wife, partner, ex-husband, ex-wife or ex-partner.

If 'Yes', what is the relationship?

Does your landlord live in the property you rent?

Yes  No

When did your tenancy start?

 /  / 

When did you start living here?

 /  / 

Note: If you have not moved in yet, you must tell us in writing when you have done so, stating the date you moved in.

Do you have a joint tenancy agreement with another tenant?

Yes  No

If 'Yes', please give their name.

Does your tenancy agreement state you have to give notice to your landlord when you want to give up the tenancy?

Yes  No

If 'Yes', how much notice do you have to give?

Are you a subtenant?

Yes  No

Do you live here as a condition of your employment?

Yes  No

If 'Yes', please give details.

## PART 11 - The property you live in

What type of home do you live in?

A house  A bungalow  A maisonette

A flat

If your room, bedsit or flat has a number, what is it?

A bedsit

Please describe where in the property your room, bedsit or flat is.

Front

Centre

Rear

A room in a house

Which floor is it on?

Basement

Ground

First

Second

Other

If 'Other' please say what

## PART 11 - The property you live in - continued

How many rooms are there in the building?	In the whole building	Shared with other tenants	Just for you and your household
Living rooms:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsit rooms:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you need an extra bedroom for a Non Resident Carer? Yes  No

## PART 12 - Your rent

How much is your rent? £

How often is your rent due?

Every week  Every two weeks  Every four weeks  Every calendar month

Other  Please say how often. Every

Do you have weeks when you don't have to pay rent? Yes  No  If 'Yes' when are these weeks?

Could you, or any member of your household, afford the rent when you moved in? Yes  No   
If 'Yes', please give details in part 16 on page 25.

Do you owe your landlord any overdue rent? Yes  No

If 'Yes', at the date you made your claim, how many weeks did you owe?

What is the total amount that you owe in rent? £

You must send proof of your rent, such as your up-to-date tenancy agreement or letter from your landlord or agent. If you cannot provide either of these, ask your landlord or agent to fill in the 'Certificate of rent' on page 21.

You must send us proof of the following.

- Your landlord's or agent's name and address
- The date your tenancy agreement started
- The amount of rent you are charged
- What is included in your rent

The proof must be an original document and it must show whether your rent is up to date. You may have to send in more than one document to prove all the details we need.

Have you enclosed proof of your rent? Yes  No

# CERTIFICATE OF RENT

(To be filled in by the landlord or their agent.)

Name of your tenant:

Address (including flat or room number):

Postcode

Landlord's details

Agent's details (if none, write 'None')

Name:

Address:

Postcode

Postcode

Phone number:

How much is the rent?

£

How often (every week, four weeks, or calendar month)?

What date did the tenancy start?

Does the rent include any services?

Yes  No

(Services are things like gas, electric, water rates, food or meals, transport, laundry service)

If 'Yes', give details below.

Do you have weeks when you don't charge rent?

Yes  No

If 'Yes', when are these weeks?

Does the tenant owe any overdue rent?

Yes  No

If 'Yes', give details?

What is the total amount that is owed in rent?

£

as at

## Declaration

I declare that the information I have given on this form is correct and complete. I understand that I may be prosecuted if I make a statement that is false or incomplete. I understand I must tell your Benefits Section immediately, in writing, if my tenant leaves the accommodation or if their circumstances change.

Signature:

Date:

Full name (in CAPITAL LETTERS):

Agent or owner:



# High Peak Borough Council

## Contact details

Website: [www.highpeak.gov.uk](http://www.highpeak.gov.uk)

E-mail: [benefits@highpeak.gov.uk](mailto:benefits@highpeak.gov.uk)

Phone: 0845 129 7777 or 01298 28400 (Monday to Friday, 8am to 8pm)

### Post your form to:

HPBC Benefits Section

Town Hall

Market Place

Buxton

Derbyshire

SK17 6EL

### Or call into one of our offices

#### Buxton:

Town Hall

Buxton

Derbyshire

#### Glossop:

Municipal Buildings

Glossop

Derbyshire

To ask about opening hours, or to arrange an appointment, please phone 0845 129 7777 (Monday to Friday, 8am to 8pm).

## PART 13 - How we pay your Housing Benefit and the choices you have

Local Housing Allowances (LHA) applies to people renting from a private landlord when they either make a new claim or move home after 7th April 2008 .

Claimants will receive an LHA based on:

- The area in which they live and
- The number of occupiers in their property

Housing Benefit or LHA will be paid directly into your bank or building society account, therefore you must complete Part A.

NB: Benefit Regulations say that we must pay your landlord if you are more than eight weeks in arrears. If you are unable to manage your financial affairs we may be able to pay your Housing Benefit or LHA direct to your landlord. Please give details in Part 16 on Page 25 and provide evidence to support your request, e.g. a letter from your doctor or social worker etc. You must still fill in Part A in case we cannot agree to your request.

### Part A For payments to go into your bank or building society

Please tick

We cannot pay your allowance into a Post Office card account

Name and address of your bank or building society:

Postcode

Sort code:

--	--	--	--	--	--

Your account number:

--	--	--	--	--	--	--	--	--	--

Your building society roll number:  
or credit union member number:

Name of account holders:

After the first payment we can pay your Housing Benefit into your account every two weeks.

We may need to contact your landlord to help us deal with your claim.

Tick this box if you do not want us to contact your landlord.  Tell us why in the extra space in part 16 on page 25.

If you do not already have a bank account and would like to open one, we can provide you with more information to help you. If there is any reason why you cannot receive payment directly into a bank account, please explain in writing in Part 16 on Page 25.

If your landlord is a Housing Association we can pay your benefit straight to them if you fill in **Part C**

If you are a tenant of a Registered Social Landlord or Housing Association or a Private tenant whose claim is not subject to the Local Housing Allowance rules, you can choose how your benefit is paid.

- Complete Part A if you want your benefit paid to your bank or building society account;
- Tick Part B if you want your benefit paid to your Landlord ( a BACS proforma can be issued to your landlord).
- Tick Part C if you want your benefit paid to your Housing Association

### Part B For payments to go directly to your landlord (This option only applies to claims that are **not** decided by Local Housing Allowance rules)

Please tick

### Part C For payments to go to your Housing Association

Please tick

## PART 14 - Sharing information

### 14A Sharing information with your landlord or agent

Only fill in this section if you are:

- a private tenant; or
- a housing association tenant.

Sharing information with your landlord or agent could help us to deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

Under the Data Protection Act 1998 we need your permission to discuss anything else with your landlord or agent.

If you give us your permission we will be able to tell your landlord or agent whether:

- you have claimed Housing Benefit;
- you have renewed your claim for Housing Benefit;
- we have made a decision on your claim; or
- we need more information to make a decision on your claim and what information we need.

We will not give your landlord or agent any information about:

- personal circumstances which relate to you and your family; or
- your finances.

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

I give you permission to share information about the progress of my claim with my landlord or their agent.

My landlord's or agent's name is:

Your signature:

Date:

### 14B Sharing information with other people

If you have someone who helps you such as a family member, social worker, outreach worker or welfare rights worker, it may help us to deal with your claim more quickly if we can share information with them.

Under the Data Protection Act 1998 we need your permission to discuss anything else with this person.

I give you permission to share information about my claim with this person.

Name of the person helping you:

Phone:

Their relationship to you:

Your signature:

Date:

## PART 15 - Backdating

Sometimes we can pay benefit from an earlier date (a time limit applies to how far back we can go) if you have good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

Date you want to claim benefit from:

Tell us why you have not claimed before and provide supporting evidence.

## PART 16 - Other information

If there is anything you want to tell us to support your claim, please use this space.

If there is not enough room here, please continue on a separate sheet of paper, but make sure you sign and date it and write your full name, address and National Insurance number on it.

## PART 16a

If you would like us to send all further letters by email please complete your details below and return it to the Benefit Office at the address at the bottom of this leaflet. Please note that you can opt to have them sent to more than one email address.

Email address:

**I confirm that the above email address is current and that I will be able to access any notification that you send to this address.**

**I confirm that I or any other person I authorise to do so will only have access to this email address.**

**I confirm that I will advise you if I change my email address in order that I can continue to receive my notifications.**

Please sign below to confirm you have read the above statements and that your email address(es) are correct.

Signed

Date

Please ensure you also read and sign the declaration on the next page in section 17a

## PART 17A - Declaration - to be completed by everyone

Even if someone else has filled in this form for you, you must sign this declaration if you can.

You **must** read this declaration carefully before you sign and date it. By signing the form you accept the terms and conditions set out in the declaration.

I declare that the information I have given on this form is correct and complete.

I understand that you may take legal action against me if:

- I lie to you so that I can get benefit;
- I give you false documents so that I can get benefit;
- I do not tell you about any changes to my circumstances that may affect my claim within one month of them happening; or
- I claim benefit when I know I should not.

I will write and tell you about any changes to:

- my income, my partner's income and the income of anyone else who lives with me;
- my savings and my partner's savings;
- the number of people who live with me; and
- my address and my rent.

I declare that:

- if changes do happen I will tell you myself and will not rely on anybody else or any other government organisations to do so on my behalf;
- if this form has been filled in by someone else on my behalf, I have read it, or have had it read to me; and
- I have completed all checklists and understand what evidence I need to provide to support my claim.

I agree that you will use the information I have given to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by law.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I have read and fully understood the declaration, I also understand that the information I have given is correct and complete.

Signature of person claiming:

Date:  /  /

Partner's signature:

Date:  /  /

## PART 17B - Additional declaration

Please also complete this section if this form has been filled in by someone other than the person claiming

Name of the person who filled in the form:

Relationship to the person claiming:

Please tell us why you are filling in this form for the person claiming.

I declare that, as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Signature:

Date:  /  /

I confirm that this application has been filled in on my behalf. I agree with the details stated on the application and understand the declaration.

Signature:

Date:  /  /

Please ensure you have also read and signed the declaration in section 17a above, if possible.

## About equal opportunities

We have an equal opportunities policy. It will help us to carry out this policy if you give us the following information.

**You do not have to fill in this section if you do not want to.**

This information is confidential and we will only use it to help us to improve access to our services.

**I would describe myself and my partner as (please tick one box each):**

	You	Your partner
<b>Asian or Asian British</b>		
Bangladeshi (A)	<input type="checkbox"/>	<input type="checkbox"/>
Indian (B)	<input type="checkbox"/>	<input type="checkbox"/>
Kashmiri (C)	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani (D)	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian (E)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Black or black British</b>		
African (F)	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean (G)	<input type="checkbox"/>	<input type="checkbox"/>
Any other black background (H)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chinese (I)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dual Heritage</b>		
White and Asian (J)	<input type="checkbox"/>	<input type="checkbox"/>
White and black African (K)	<input type="checkbox"/>	<input type="checkbox"/>
White and black Caribbean (L)	<input type="checkbox"/>	<input type="checkbox"/>
Any other mixed background (M)	<input type="checkbox"/>	<input type="checkbox"/>
<b>White</b>		
English (N)	<input type="checkbox"/>	<input type="checkbox"/>
Irish (O)	<input type="checkbox"/>	<input type="checkbox"/>
Scottish (P)	<input type="checkbox"/>	<input type="checkbox"/>
Welsh (Q)	<input type="checkbox"/>	<input type="checkbox"/>
Any other background (R)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Any other ethnic group (S)</b>	<input type="checkbox"/>	<input type="checkbox"/>

