



LGSS HOUSING AND COUNCIL SUPPORT REVIEW FORM

Your claim for Housing Benefit/Council Tax Support is being reviewed, please complete all sections and return the form to the address on page 4. It is important that you complete and return this form to us without delay. If we do not receive the completed form within one month of the date issued, we may have to suspend or cancel your claim. Please include all supporting evidence.

SECTION 1 – YOUR BASIC INFORMATION				
First Name				
Last Name				
Reference Number				
Address				
Telephone Number				
Email Address				
National Insurance Number				
Date of Birth				
SECTION 2 – PARTNER DETAILS (PLEASE IGNORE THIS SECTION IF YOU DO NOT HAVE A PARTNER)				
First Name				
Last Name				
Address				
Telephone Number				
Email Address				
National Insurance Number				
Date of Birth				
Date Partner moved in				
SECTION 3 – ABOUT YOUR HOME				
Do you own your own home or pay a mortgage?	YES / NO			
Do you pay rent to the Council?	YES / NO			
Do you pay rent to a Housing Association?	YES / NO			
Do you pay rent to a private landlord?	YES / NO			
Do you live in board and lodgings?	YES / NO			
SECTION 4 – HOUSEHOLD COMPOSITION				
Please list the names of everybody who normally lives with you. If none, please write 'none'.				
Full Name	Relationship to you	Date of Birth	Date moved in	Income/Account
SECTION 5 – BENEFITS RECEIVED FROM THE DEPARTMENT OF WORKS AND PENSIONS				
Please give details of all benefits you or your partner receive and how often it is received (eg, weekly, four weekly, monthly etc). If none please write 'none'.				
Type	Amount	How Often	In whose name is it paid	



SECTION 6 – EARNINGS (PLEASE SEND IN PROOF OF THE CURRENT AMOUNT)					
Please give details of all earnings you or your partner receive and how often it is received (eg, weekly, four-weekly, monthly, etc). If none, please write 'none'.					
Name and address of employer	Amount	How Often Paid	Weekly hours worked	Date Started	
Are you self-employed?			YES / NO		
SECTION 7 – INCOME (PLEASE SEND IN PROOF OF THE CURRENT AMOUNT)					
Please give details of all income that you and/or your partner receives. For example, Tax Credits.					
Name	Relationship to you	Type of Income	Gross Amount	What has changed	Date of change
Do you pay for childcare? (if yes, please provide proof of this)			YES / NO		
Date childcare costs started/ceased					
SECTION 8 – CAPITAL (PLEASE SEND IN PROOF OF THE CURRENT AMOUNT)					
Please give details of all bank or building society accounts, investments, shares, property, land etc. Please provide account number and the balance for each account.					
Name of person who holds the account	Account type	Name of Bank/Building Society/Post Office	Account Number	Amount	Date of change



If you have property/land, please provide proof of its current value.

SECTION 9 – OTHER CHANGES

Please tell us about any other income you have that you have not already declared on this form or any other changes that have happened since your last claim.

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YOUR DECLARATION

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

I understand the following:-

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for housing benefit or council tax support, or both.
- You may check some of the information with other sources within the Council, Rent Offices , and other Councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make.
- You may give some information to other government organisations, if law allows this.

I know I must let the Council know about any changes in my circumstances, which might affect my claim.

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

Signature of person claiming	
Date	
Signature of partner	
Date	



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.	
<i>As far as possible I have confirmed with the person claiming that the answers I have written on this form are correct.</i>	
Name of the person who filled in the form	
Signature of the person who filled in the form	
Date	
Relationship to the person claiming	
Authority to discuss – If you authorise a third party to discuss your claim please put their details below:	

If you need help filling in this form, please contact us in the details at the top of the page.