THIS BOX FOR OFFICIAL USE		
Date requested		
Date issued		

Ratepayer ID

Occupancy ID

(Find these details on your rate bill)

Claim number

FOR OFFICIAL USE

Your name and address

Land & Property Services

START THE FORM HERE

HELP WITH RATES

HOUSING BENEFIT AND RATE RELIEF

CLAIM FORM FOR OWNER OCCUPIERS

COMPLETING THIS FORM

- Please complete this application form if you own and occupy your own home.
- This form is used to assess your eligibility for rates Housing Benefit and Rate Relief.
- You must complete all questions unless directed otherwise.
- Please return the completed form to the address below.
- **IMPORTANT:** Please use the separate Guidance Notes to help you. If you do not complete this form in full or do not supply all supporting documents your application may be refused. You may lose benefit which you would otherwise be entitled to.
- If you do not want to claim for both rates Housing Benefit and Rate Relief you must let us know within one calendar month.
- If you need any further help in completing your form please contact us on the dedicated **Helpline 0300 200 7802**.

If you need this form in a different language or format, please contact us.

CONTACT US

Land & Property Services
Housing Benefit Central Unit
Lincoln Building
27–45 Great Victoria Street
Malone Lower
BELFAST, BT2 7SL

Housing Benefit Helpline: 0300 200 7802 (calls charged at local rate)

Dial 0044 28 9054 1613 if outside the UK

Textphone: 18001101

Email: housingbenefit.rating@lpsni.gov.uk

SECTION 1 – ABOUT YOU AND YOUR HOME

Please confirm who owns the property you currently live in.

1.1 Do you or your partner own your home?
(Even if you are paying a mortgage, please tick **Yes**) . . . . . ☐ Yes ☐ No

If **No**, you should make your claim with the NIHE (0344 892 0902).

1.2 Are you buying your home under the Co-Ownership or a rental purchase scheme?ⓘ . ☐ Yes ☐ No

If **Yes**, you should make your claim with the NIHE (0344 892 0902).

1.3 Do you live in the property you are claiming for? . . . . . ☐ Yes ☐ No

If **No**, you should **not** complete this form.

1.4 Do you own your home jointly with anyone else, other than your partner? . . . . . ☐ Yes ☐ No

If **Yes**, please provide their details below:ⓘ

	Joint Owner 1	Joint Owner 2
1.4a Name		
1.4b Address		
1.4c Postcode		

1.4d What proportion of the property is owned by each joint owner (including you and your partner) eg 1/2, one third, etc?ⓘ	You and your partner	Joint Owner 1	Joint Owner 2

1.5 If you do not want to be assessed for Rate Relief please tick this box.ⓘ. . . . . ☐

Joint owners who wish to claim for rates Housing Benefit and Rate Relief must fill in separate forms.

SECTION 2 – YOU AND YOUR PARTNER

Please tell us about the people who usually live in your home.

	You	Your Partner
2.1 Title (Mr, Ms, Mrs, Miss or other)		
2.2 First name(s)		
2.3 Surname		
2.4 Date of Birth	DD/MM/YYYY	DD/MM/YYYY
2.5 National Insurance Numberⓘ		
Note: If you do not provide National Insurance numbers, your claim will be delayed.		
2.6 Have you come to live in the United Kingdom, Channel Islands, Isle of Man or Republic of Ireland in the last two years?	☐ Yes ☐ No	☐ Yes ☐ No
2.6a If **Yes**, what is your nationality?		

SECTION 2 – YOU AND YOUR PARTNER (CONTINUED)

		You	Your Partner
2.7	Are you registered blind?ⓘ	☐ Yes ☐ No	☐ Yes ☐ No
2.8	Are you currently in hospital?ⓘ	☐ Yes ☐ No	☐ Yes ☐ No
2.8a	If **Yes**, what date did you go in?	DD/MM/YYYY	DD/MM/YYYY
2.9	Are you currently in a nursing home?ⓘ	☐ Yes ☐ No	☐ Yes ☐ No
2.9a	If **Yes**, what date did you go in?	DD/MM/YYYY	DD/MM/YYYY
2.10	Are you currently in prison?ⓘ	☐ Yes ☐ No	☐ Yes ☐ No
2.10a	If **Yes**, are you:	☐ On remand ☐ In custody	☐ On remand ☐ In custody
2.11	Are you a full-time student?ⓘ	☐ Yes ☐ No	☐ Yes ☐ No

Please tell us of any changes to your household (has anyone moved in or left within the last year)

2.12	**Person 1** who ☐ moved in **or** ☐ left	**Person 2** who ☐ moved in **or** ☐ left
2.12a Name		
2.12b Date of birth	DD/MM/YYYY	DD/MM/YYYY
2.12c Address		
2.12d Postcode		
2.12e Date of change	DD/MM/YYYY	DD/MM/YYYY

SECTION 3 – DEPENDANT CHILDREN

Please tell us about all children/young people for whom you receive Child Benefit. Do **not** include foster children. If you have more than three dependant children please provide details on a separate page.

		First Child	Second Child	Third Child
3.1	First name(s)			
3.2	Surname			
3.3	Date of birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
3.4	National ⓘ Insurance Number			
3.5	What is their relationship to you?			
3.6	Are they blind?ⓘ	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3.7	Do they receive Disability Living Allowance?ⓘ	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

SECTION 4 – OTHER PEOPLE LIVING IN YOUR HOME

Please tell us about anyone else who usually lives with you. Please include children for whom you no longer receive Child Benefit and any tenants and boarders. If you have more than three other people living with you, please provide details of **all** such people on a separate page(s).ⓔ

		Person 1	Person 2	Person 3
4.1	First name(s)			
4.2	Surname			
4.3	Date of birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
4.4	National Insurance Number			
4.5	Relationship to youⓔ			
4.6	Are they a joint owner?ⓘ	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4.7	Are they a full-time student?ⓔ	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4.8	**Are they receiving** (tick all that apply):			
4.8a	Income Support	☐	☐	☐
4.8b	Jobseekers Allowance	☐	☐	☐
4.8c	Employment and Support Allowance	☐	☐	☐
4.8d	Pension Credit	☐	☐	☐
4.8e	Disability Living Allowance	☐	☐	☐
4.8f	Attendance Allowance	☐	☐	☐
4.9	Are they receiving any other benefit?ⓔ	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	If **Yes** you must provide evidence. See guidance notes for information.			
4.10	Are they working 16 hours a week or more?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4.10a	If **Yes** what are their weekly earnings? (before deductions)ⓔ	£	£	£
4.11	Do they have any other income?ⓔ	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	If you fail to tell us this you may lose some benefit.			
4.11a	If **Yes** what is this?ⓔ (Please give amount and description)	£	£	£

SECTION 5 – YOUR BENEFITS

Please tell us about any benefits you or your partner currently receive. Tick all that apply:

	You	Your partner
5.1 Passport Benefits❶		
5.1a Income Support	☐	☐
5.1b Job Seeker's Allowance **(Income Based)**	☐	☐
5.1c Employment and Support Allowance **(Income Related)**	☐	☐
5.1d Pension Credit **(Guarantee)**	☐	☐
5.2 Disability Living Allowance❶	☐	☐
5.3 Attendance Allowance❶	☐	☐

If you receive Income Support, Job Seeker's Allowance (Income Based), Employment and Support Allowance (Income Related) or Pension Credit (Guarantee) **go directly to SECTION 12 (page 11)**.

5.4 Does anyone receive Carer's Allowance for looking after **you or your partner**? . . . . . ☐ Yes ☐ No

If **Yes**, please give the carer's name and address:

	Your carer	Your partner's carer
5.4a First name(s)		
5.4b Surname		
5.4c Address		
5.4d Postcode		

5.5 Do you or your partner get Carer's Allowance for looking after **someone else**?❶. . . . . ☐ Yes ☐ No

If **Yes**, please give the name and address of the person you or your partner care for:

	The person you care for	The person your partner cares for
5.5a First name(s)		
5.5b Surname		
5.5c Address		
5.5d Postcode		

Note: Attendance Allowance and the care component of Disability Living Allowance are **not** the same as Carer's Allowance

SECTION 5 – YOUR BENEFITS (CONTINUED)

5.6 **Non-passport Benefits**ⓘ	**You**	**Your partner**
5.6a **Do you or your partner receive any of the following?**	☐ Yes ☐ No	☐ Yes ☐ No
If **Yes**, please state the amount received for each benefit. ⓔEvidence may be required.		
5.6b Child Benefit	£	£
5.6c Fostering Allowanceⓘ	£	£
5.6d Guardian's Allowanceⓘ	£	£
5.6e Child Maintenanceⓔ	£	£
5.6f Spousal Maintenanceⓔ	£	£
5.6g Industrial Injuries, Disablement Benefit or Pensionⓔ	£	£
5.6h Adoption Allowanceⓔ	£	£
5.6i Working Tax Credit	£	£
5.6j Child Tax Credit	£	£
5.6k Employment and Support Allowance **(contributions based)**	£	£
5.6l Jobseekers Allowance **(contributions based)**	£	£
5.6m Steps to Workⓔ	£	£
5.6n Widow's Pension/Widowed Parent's Allowance	£	£
5.6o Reduced Earnings Allowanceⓔ	£	£

	You	**Your partner**
5.7 If you or your partner receive any additional benefits not listed in **5.6**, please tell us about these:ⓔ		

You must give details of all the benefits you receive. If you are unsure about the benefit you receive, please check with the Social Security Agency (SSA).ⓘ

SECTION 5 – YOUR BENEFITS (CONTINUED)

		You	Your partner
5.8	If you or your partner are awaiting the outcome of an application for any benefits, please tell us about these:		

SECTION 6 – OTHER INCOME

Please tell us about any other income you or your partner currently receive. Please note evidence must be provided. Refer to the Guidance Notes for further information.

6.1	**Pensions**	You	Your partner
6.1a	Former employment or Occupational Pension	£	£
6.1b	Private or Personal Pension	£	£
6.1c	War Widow's or War Service Pension	£	£
6.1d	War Disablement Pension	£	£
6.1e	Does the above include a mobility supplement?	☐ Yes ☐ No	☐ Yes ☐ No
6.1f	State Retirement Pension from the Government	£	£
6.1g	Have you put off receiving the State Retirement Pension?	☐ Yes ☐ No	☐ Yes ☐ No

6.2 Do you or your partner receive income from an annuity or home income plan? . . . . ☐ Yes ☐ No

6.2a If **Yes**, please provide details:

6.3 Do you, your partner or anyone that lives with you receive any charitable or voluntary payments from a trust fund? . . . . . ☐ Yes ☐ No

6.3a If **Yes**, please provide details:

SECTION 7 – EMPLOYED EARNINGS

If you have a job we need evidence of your earnings. **You must send us your most recent payslips.** Read the guidance notes for full information.

		You	Your partner
7.1	Are you employed?	☐ Yes ☐ No	☐ Yes ☐ No
7.2	Do you have more than one job? If **Yes** you must tell us about each job.	☐ Yes ☐ No	☐ Yes ☐ No
7.3	First or main job title		
7.3a	Employer's name		
7.3b	Employer's address		
7.3c	Hours worked weekly	hours	hours
7.3d	Frequency of payment		
7.3e	Date employment began	DD/MM/YYYY	DD/MM/YYYY
7.4	Are you currently receiving Statutory Sick Pay?	☐ Yes ☐ No	☐ Yes ☐ No
7.4a	If **Yes**, when did this begin?	DD/MM/YYYY	DD/MM/YYYY
7.5	Are you currently receiving Statutory Maternity Pay?	☐ Yes ☐ No	☐ Yes ☐ No
7.5a	If **Yes**, when did this begin?	DD/MM/YYYY	DD/MM/YYYY

SECTION 8 – SELF EMPLOYED EARNINGS

If you are self employed we need evidence of your earnings. **You must send us your most recent evidence of this.** Read the guidance notes for full information.

		You	Your partner
8.1	Are you self employed?	☐ Yes ☐ No	☐ Yes ☐ No
8.1a	Are you a Director?	☐ Yes ☐ No	☐ Yes ☐ No
8.2	Are you a childminder?	☐ Yes ☐ No	☐ Yes ☐ No
8.3	Your job		
8.3a	Business address		
8.3b	Hours worked weekly	hours	hours
8.3c	Date business began	DD/MM/YYYY	DD/MM/YYYY

SECTION 9 – BANK ACCOUNTS AND INVESTMENTS

Please tell us about any capital, savings and investments ⓘ you have at this time. **You must provide details of all accounts held.** Please note evidence ⓔ for each must be provided; refer to the guidance notes for further information.

		You	Your partner
9.1	**Do you have any accounts or investments?** ⓔ	☐ Yes ☐ No	☐ Yes ☐ No
9.1a	Current Bank Account	£	£
9.1b	Building society	£	£
9.1c	Bank deposit account	£	£
9.1d	Post Office savings	£	£
9.1e	Post Office Card Account	£	£
9.1f	Premium Bonds	£	£
9.1g	Credit Union	£	£
9.1h	TESSA, PEPs, ISAs	£	£

		Company	Number of shares	Company	Number of shares
9.2	**Investments** ⓔ				
9.2a	Please provide details:				

9.3	**Savings Certificates** ⓔ	☐ Yes ☐ No			☐ Yes ☐ No	
9.3a	Please provide details:	Issue number	Number bought	Date bought	Issue number	Number bought	Date bought

SECTION 10 – EXPENSES

Please tell us about any of the expenses listed below. If you answer **Yes** to any of the questions below you must provide evidence. Please refer to the information notes for further information.

10.1 Do you or your partner pay any fees for children in third level education?ⓔ . . . . . ☐ Yes ☐ No

10.2 Do you or your partner pay childminding fees to a registered childminder or other childcare providers such as a nursery for any children under 15 years of age?ⓔ . . ☐ Yes ☐ No

10.3 Do you or your partner receive Working Tax Credit to help you pay for your childcare?ⓔ . . . . . ☐ Yes ☐ No

SECTION 11 – PROPERTY AND LAND (OTHER THAN YOUR HOME)

11.1 Do you or your partner own property or land in this country or abroad? . . . . . ☐ Yes ☐ No

(This includes property or land you own or are a joint owner of).

If **Yes**, please tells us the information below for each additional property/land:

11.1a The type of property/land (eg house, shop, farmland etc):

11.1b The address of the property:

11.1c

11.2 Is there any mortgage, charge or encumbrance on the property or land?ⓔ . . . . . ☐ Yes ☐ No

11.2a Please tell us the Folio Number . . . . . .

If land:●

11.3 Does the land adjoin your home? . . . . . ☐ Yes ☐ No

11.4 Do you work the land? . . . . . ☐ Yes ☐ No

11.5 Is it rented out?ⓔ . . . . . ☐ Yes ☐ No

11.5a If **Yes**, for how much per yearⓔ. . . . . £

If property:

11.6 Is your business carried out from this property? . . . . . ☐ Yes ☐ No

11.7 Is it rented out?ⓔ . . . . . ☐ Yes ☐ No

11.7a If **Yes**, for how much per yearⓔ. . . . . £

11.8 If the property is a dwelling house, is it leased to a relative? . . . . . ☐ Yes ☐ No

11.8a If **Yes**, please tell us their relationship to you . . . . . .

11.8b Are they disabled?. . . . . ☐ Yes ☐ No

11.9 Have you or your partner sold or disposed of any property or land within the past 12 months? . . . . . ☐ Yes ☐ No

11.9a If **Yes**, please give details:

SECTION 12 – BACKDATING

Please be aware that the **maximum** period that we can backdate your claim is 6 months. There are different rules for pensioners; we have explained these in the guidance notes.

12.1 I would like my claim assessed from: . . . . . DD/MM/YYYY

12.1a My reasons for not claiming earlier are as follows:

SECTION 13 – DECLARATION

It is important that you read the declaration before signing your name and making your claim.

- I declare that the information I have provided in this form is true and complete and that I live in and own the concerned property. I understand that I may be prosecuted if I provide, or allow anyone else to provide, false information.
- I understand that you may contact other people to check the information I have provided on this form, under the Social Security (Fraud) Act 2001.
- I understand that the information I have provided in this form may be shared within LPS and other government departments in accordance with the Data Protection Act below.
- I understand that I must tell you of any relevant changes in circumstances within one month of the change occurring.
- I am aware that if I receive any overpayment of rates Housing Benefit or Rate Relief I will have to repay the amount.
- I understand that if I do not provide all necessary evidence and information, you may refuse my claim.
- **I understand that I must continue to make payments to my rate account while awaiting the outcome of this application.**

BOTH YOU AND YOUR PARTNER MUST SIGN.

13.1 Your signature

13.2 Date DD/MM/YYYY

13.3 Signature of your partner

13.4 Date DD/MM/YYYY

13.5 Daytime telephone number (with area code)

13.6 Email address

Data Protection Act 1998: Please note that the information on this form will be used by Land & Property Services for the processing of this application for rates Housing Benefit and Rate Relief, including any maintenance of your rate account which is required to allow processing of the same. Occasionally this information may be passed to other organisations and/or government departments, but only when we are required to do so by law, or when the disclosure complies with the Data Protection Act 1998. Land & Property Services is under a duty to protect public funds and to this end may use information provided on this form for the prevention and detection of fraud.

SECTION 14 – COMPLETING THE FORM ON BEHALF OF SOMEONE ELSE

If you have completed this form on behalf of someone else, please provide the following information.ⓘ

14.1 Name (in CAPITALS)

14.2 Relationship to applicant

14.3 Signed

14.4 Date DD/MM/YYYY

14.5 Daytime telephone number (with area code)

14.6 Email address

14.7 Address

14.8

14.9 Have you been appointed by the court or the Social Security Agency to handle the personal and financial affairs of the claimant?
If **Yes,** you must provide evidenceⓔ . . . . . ☐ Yes ☐ No

SECTION 15 – CHECKLIST

Before returning this application form, please be sure you have:

15.1 ☐ Read the **Rates Housing Benefit and Rate Relief — Guidance Notes for Claim Form**;

15.2 ☐ Completed the form in full, unless otherwise directed; and

15.3 ☐ Supplied, if applicable, the required evidence for each of the following sections.
Please note the Guidance Notes contain a detailed list of accepted forms of evidence.

- ☐ Section 4 — Evidence of income for the other people living in your home (see page 4)
- ☐ Section 5 — Evidence of benefits, allowances and pensions (see pages 5, 6 and 7)
- ☐ Section 6 — Evidence of other income (see page 7)
- ☐ Section 7 — Evidence of employed earnings (see page 8)
- ☐ Section 8 — Evidence of self employed earnings (see page 8)
- ☐ Section 9 — Evidence of capital, savings and investments (see page 9)
- ☐ Section 10 — Evidence of expenses (see page 10)
- ☐ Section 11 — Evidence of ownership of additional property or land (see page 10)
- ☐ Section 12 — Evidence to support backdating request (see page 11)

15.4 ☐ Carefully read the declaration in Section 13, and signed and dated the form at **SECTION 13 (page 11)** or **SECTION 14 (page 12)** (as applicable).

Please note we will accept good quality photocopies as evidence. Originals do not need to be sent.

PLEASE RETURN THIS COMPLETED FORM TO:

Housing Benefit
Central Unit
Land & Property Services
Lincoln Building
27–45 Great Victoria Street
Malone Lower
BELFAST, BT2 7SL

CONTACT US

Dial **0300 200 7802**
(calls charged at local rate)

Dial **0044 28 9054 1613**
if outside the UK

Textphone **18001101**

Or call into your local LPS office

Land & Property Services®

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