



# Argyll & Bute Council

## INFORMATION ON HOW TO COMPLETE THE HOUSING BENEFIT HOMELESS APPLICATION

**BENEFIT APPLICATIONS ARE AVAILABLE IN LARGE PRINT. WE ALSO PROVIDE A SCRIBE SERVICE. PLEASE CONTACT YOUR LOCAL OFFICE (ADDRESSES AND TELEPHONE NUMBERS ON THE REVERSE OF THIS PAGE) FOR ASSISTANCE**

[Please read these notes before you fill in the claim form](#)

### **About this Form**

The Housing Benefit while Homeless claim form has been specially designed to be easy to fill in. It may look rather long, but we have to ask a lot of questions to make sure that everyone who claims get the right amount of benefit.

You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

### **Evidence**

We need to see evidence of some of the things you tell us about. If you are not sure if we need to see evidence of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the evidence we have asked for. **In accordance with Section 19 of the Social Security Act, you must provide proof of your national insurance number and two documents that link you to your national insurance number e.g National Insurance Number Card, benefit book or wage slip.**

### **Filling in the Form**

If you are filling in this form by hand, use ink. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

Answer 'Yes' or 'No' questions by putting a tick in the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. Please answer all the questions unless we tell you otherwise, entering 'None' where appropriate. **If you do not it will be assumed the answer is 'No' or 'None'.** If you do not know the answer write 'don't know' by the box.

**If someone else fills in the form for you, there is a special space for them to sign near the end of the claim form.**

### **If you need help filling in the form**

If you need any help, your local office telephone number and address is on the reverse of this page. The offices are open between 9 a.m. to 5 p.m. Monday to Friday. You may wish to contact a Welfare Rights Officer the names and addresses of whom are on last page of the application form.

### **What to do next**

When you have filled in the form, sign it and send it to us, with the evidence we need to see, in the re-useable envelope we sent your form in or you can bring the form and evidence to your local office. **Do not** send valuable items such as benefit order books, bankbooks or passports in the post. Bring them to your local office and we will get the information we need and give them back to you. As soon as your postal application has been received you will be sent a written receipt. **If you have not received a receipt within 7 days of posting, then please contact your local office.**

If you cannot get the evidence we need straightaway, do not worry. Send the form to us **immediately** you complete it and let us know that you will be sending some evidence later. **If you do not send the form to us straightaway, you might lose money.** If you cannot get the evidence within 2 or 3 weeks, let us know. We may be able to help you.

### **Paying benefit**

Benefit will be paid direct to the council department responsible for your temporary accommodation.

### **When your claim has been processed**

When we have worked out your claim, we will send you a decision letter to tell you how much benefit you will get and when you will get it along with other information. We will send out a letter even if you do not qualify for benefit.

### **Data Protection Act**

We are registered under the data Protection Act. We must manage public funds properly. We may use the information that you have provided on this form to prevent and detect fraud and we may also share it, for the same purpose, with public and other organisations that handle public funds.

**Visit our web site:- [www.argyll-bute.gov.uk](http://www.argyll-bute.gov.uk)**

**Local Area Offices**

If you need more information about Housing Benefit while Homeless, please contact your Area Office, at the appropriate address:

Scotcourt House  
Helensburgh G84 8BP  
Tel: 01436 658800

Old Quay Head  
Campbeltown PA28 6ED  
Tel: 01586 559052

Breadalbane Street  
Tobermory PA75 6PX  
Tel: 01688 302051

Mid Argyll (Area Office)  
Manse Brae  
Lochgilphead PA31 8QU  
Tel: 01546 602127

Albany Street  
Oban PA34 4AW  
Tel: 01631 567900

Union Street  
Rothesay PA20 0HD  
Tel: 01700 501330

Tourist Information Office  
Front Street  
Inverary PA32 8UI  
Tel: 01499 302337  
For opening times,  
telephone 01546 602127  
and ask for Area Office,  
Manse Brae.

School Road  
Tarbert PA29 6UJ  
Tel: 01880 820374  
Opening times:  
Monday 9.00am - 12.30pm,  
1.30pm - 5pm  
Wednesday 9.am - 1.00pm  
Friday 9.00am - 1.00pm

Manse Avenue  
Dunoon PA23 7DQ  
Tel: 01369 703735

Jamieson Street  
Bowmore PA43 7HP  
Tel: 01496 301301

Witchburn Road  
Campbeltown PA28 6JU  
Tel: 01586 555223/225

The Business Centre  
Crossapol  
Isle of Tiree PA77  
01879 220349

# Argyll & Bute Council

Department of Community Services, Kilmory, Lochgilphead PA31 8RT  
Application for Housing Benefit while Homeless

Homeless Reference Number   
(Official use only)

Name:

Address and postcode:

Date of Issue:

Phone number:

DATE  
STAMP

An interpretation/translation service is available should you require help filling in this form.  
Please contact your local office.

Tha seirbheis eadar theangachadh ri fhaotainn ma tha sibh ag iarraidh cuideachadh leis an fhoirm seo a' lianadh a-steach. Cuiribh fios don oifis ionadail agaibh.

如果有需要，传译员/翻译员可帮助你填写这份表格。请与当地办公室联系。

যদি আপনি এই ফর্মটি পূরণ করতে সাহায্য চান তাহলে একটি ইন্টারপ্রেটেশন/ ট্রান্সলেশন সার্ভিসের সাহায্য নিতে পারেন। অনুগ্রহ করে আপনার স্থানীয় অফিসে যোগাযোগ করুন।

## 1 Your nationality

Have you come to live in the United Kingdom in the last five years?

Yes  No

Which country did you live in?

Why have you come to live in the United Kingdom?

How long do you plan to stay in the United Kingdom?

Do you still have bank accounts or property overseas?

## 2 About your claim

Are you applying for Housing Benefit while homeless?

Yes

What was your last address?

Were you a tenant or an owner-occupier at this address?

What date did you leave this address?

Did you claim Housing Benefit or Council Tax Benefit at this address?

Yes  No

### 3 You and your family

Please give details about yourself, any partner and also any children you get Child Benefit for.  
 [A partner is your wife or husband or someone who lives with you as if you were married.  
 If you do not have a partner, please ignore any reference to "partner" on this form.]

	You	Your partner	Child 1	Child 2	Child 3	Child 4
Title (Mr, Mrs, Ms, Miss)						
First name						
Surname						
Are you known by any other surname? If so please enter name here						
Date of birth						
Marital status						
<b>National insurance number</b>						
Do you receive Income Support?						
Do you receive Job seekers Allowance? (income- based)?						
Are you a full-time student?						
Are you disabled?						
Are you registered blind?						
Does anyone receive Carer's Allowance for looking after you?						

Do any of your dependant children (up to 18 years old) have savings or investments of more than £3,000? Yes  No

**4 Earnings PLEASE PROVIDE PROOF**

Please fill in this section if you or your partner work, get statutory sickness pay (SSP), or statutory maternity pay (SMP)

If you or your partner does not earn anything, please write "none" here.

Please provide 5 consecutive weekly wage slips or 2 consecutive monthly wage slips.

Alternatively, please have your employer complete the earnings certificate which comes with this form.

Name and address of employer	How many hours do you work?	What is your occupation?	How often are you paid?	Do you get SSP or SMP?
You			Week <input type="checkbox"/>	
			2 Weekly <input type="checkbox"/>	
			4 Weekly <input type="checkbox"/>	
			Monthly <input type="checkbox"/>	
			Other <input type="checkbox"/>	
Your partner			Week <input type="checkbox"/>	
			2 Weekly <input type="checkbox"/>	
			4 Weekly <input type="checkbox"/>	
			Monthly <input type="checkbox"/>	
			Other <input type="checkbox"/>	

If you or your partner is self-employed, then please send us a copy of your latest accounts and balance sheet. If you have been self-employed for less than 12 months, please fill in the box below and contact your local office immediately.

	You	Your partner
What date did you start trading?		
How much do you earn each week?	£ <input type="text"/>	£ <input type="text"/>
Do you get a Business Start-Up Allowance? (Please provide proof)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What kind of work do you do?		
What is the business address?		
Do you pay into a private pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How much? <input type="text"/>	How much? <input type="text"/>
	How often? <input type="text"/>	How often? <input type="text"/>

## 5 Income other than your earnings PLEASE PROVIDE PROOF

You can use the Certificate on the back page of this form to give us proof of your benefit or we can photocopy your order book. Please fill in this question about all the income you have not included in Section 5 "Earnings". In "how often is it paid?" tell us if this is every week, two weeks, four weeks, month, three months or every year. Tell us if it is paid into a bank account or by a payment book. **YOU MUST GIVE US PROOF.**

**Please do not send us your payment book.**

Type of Income	You	Your Partner	How often is it paid?	For Official Use Only
Adoption Allowance				
Annuity				
Attendance Allowance				
Bereavement Allowance				
Carer's Allowance				
Child Benefit				
Child Tax Credit				
Constant Attendance Allowance				
Charitable payments				
Disability Living Allowance - care component (low)				
Disability Living Allowance - care component (middle)				
Disability Living Allowance - care component (high)				
Disability Living Allowance - Mobility				
Fostering Allowance				
Incapacity Benefit - short-term low rate				
Incapacity Benefit - short-term high rate				
Incapacity Benefit - long-term rate				
Income Support				
Industrial Injuries Benefit				
Income from boarders				
Jobseeker's Allowance (income-based)				
Jobseeker's Allowance (contributory-based)				
Maintenance received				
Maintenance received for children				
Maternity Benefit				
Mobility Supplement (War Pension)				
One-parent Benefit				
Pre- 1973 War Widows Pension				
Pension Credits	Guarantee Credit			
	Savings Credit			
Retirement pension				
Superannuation or works pension or any other pension				
Severe Disablement Allowance				
Student grant (please send a copy of your grant award letter)				
Victoria Cross or George Cross				
Widow's Pension or allowance				
War Widows Pension				
War Disablement Pension				
Working Tax Credit				
Any other income				

## 6 Savings and Investments PLEASE PROVIDE PROOF

We need to know about any money you have in the bank, building society or post office in the UK or abroad and also any savings or investments. Tell us about ALL your bank accounts even if they do not have any money in them or are overdrawn. If you have more than three accounts, tell us about them on a separate sheet of paper.

Type of Investment	You	Your Partner
Do you, your partner or any children you are claiming for own or partly own any property, caravans, land or timeshare, either in the UK or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please supply the address(es) and the valuation details		
	£ <input type="text"/>	£ <input type="text"/>
Is the property(s) for sale?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide date put up for sale	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Bank Accounts	£ <input type="text"/>	£ <input type="text"/>
Building Society Accounts	£ <input type="text"/>	£ <input type="text"/>
Cash Savings	£ <input type="text"/>	£ <input type="text"/>
Income Bonds	£ <input type="text"/>	£ <input type="text"/>
National Savings Certificates or Premium Bonds (please say when you bought them)	£ <input type="text"/>	£ <input type="text"/>
Other Investments	£ <input type="text"/>	£ <input type="text"/>
Personal Injury Compensation payments or Redundancy Payment (please give the date you received it)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Post Office Accounts	£ <input type="text"/>	£ <input type="text"/>
Stocks and Shares	£ <input type="text"/>	£ <input type="text"/>
List names of investments and their market value below	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>

Do you have a mortgage that you still have to pay on a second home? Yes  No

If "Yes", how much do you still have to pay? £  Current value of second property? £

Bank and Building Society Accounts - please give the following information

Bank or Building Society Name	Account Number

## 7 Money you pay out PLEASE PROVIDE PROOF

	Amount	How often do you pay?
Do you pay towards a student grant?		
Do you pay into a pension scheme that is not paid through your employer?		

Please send us a copy of your:-

- Student's grant award letter; and
- Pension Benefits schedule and proof of how much you pay, for example, bank statements, receipts and so on.

### Childcare Costs

You may be entitled to more benefit if you have any children under 15 who are looked after by a registered childminder, or who go to a nursery, play scheme or after-school scheme. We can ignore part of your wage when we work out your benefit. This could leave you with extra money to help with the cost of childcare. Please tell us the name and address of your registered childminder, the nursery, play scheme or after-school scheme in the box below.

The childminder's registration number (this will be on your contract).

How much are your childcare costs every week for children under 15?

£

The name(s) of child/children for whom you are claiming child care costs.

## 8 About your accommodation

Please provide the name of your landlord

Please provide the address of your accommodation

Please provide the date you became homeless  
(This is essential)

/ /

## 9 Paying Benefit

Any housing benefit, which you get, will be paid direct to the council department responsible for placing you in temporary accommodation.

Sometimes sharing information with your landlord helps us to deal with your claim quickly. However, we will not give your landlord any information about:-

- Your personal or household circumstances; or
- Your financial circumstances

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. If you give us permission but then change your mind, then we will follow your wishes. Just contact us and let us know. If you want to give us permission to discuss your claim with your landlord, please sign below.

**I give (Argyll and Bute Council) permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.**

Your  
Signature

Date

/ /

**PLEASE NOTE THAT YOU MUST SIGN SECTION 10 WHETHER YOU SIGN HERE OR NOT.**

## 10 DECLARATION

Please read this declaration carefully.

This is my claim for Housing Benefit.

I confirm that, as far as I know, the information I have given on this form is correct and complete.

I give you permission to make any necessary enquiries to check the information on this form.

I understand that if I give information that is not correct or complete or do not tell you about any changes that might affect my benefit, I may be prosecuted. The Council is under an obligation to manage public funds properly. Accordingly, information that you may provide will be used to ensure appropriate payment of Housing Benefit. The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purpose with other public bodies or other organisations which handle public funds.

**PLEASE BE AWARE THAT IF YOU DO NOT ANSWER A QUESTION THIS AUTHORITY WILL ASSUME A NEGATIVE RESPONSE.**

			For official use only
Your signature		Date / /	
Your partner's signature		Date / /	

**If someone else has filled in this form for you.**

This section must be filled in if someone else filled in the claim form for you. This includes an agent, appointee, relative or friend.

Name of the person that filled in the form	
Their signature	
Their relationship to you and reason why they filled in this form on your behalf	

## 11 Data Protection

The information given in this application will be treated in confidence and will not be disclosed to any third parties, except where permitted by law or where your consent has been received. However, information may be shared amongst other departments of Argyll and Bute Council.

The information will be held in our computer systems and in structured manual files and may be used in the following ways:

- Assessment of your eligibility for Housing Benefit.
- Comparing information provided by/to I.C.T. and Financial Services of the Council.
- Shared information for collection of Rent/Council Tax Arrears between Housing, I.C.T. and Financial Services.

The uses of your personal information are covered by our registration under the Data Protection Act 1998. Under the terms of the Act, you have the right to obtain a copy of the information we hold about you, however, an appropriate fee will be payable. Should you wish to exercise this right, your request must be made in writing to the Data Protection Officer, Kilmory, Lochgilphead, PA31 8RT and must be accompanied by the appropriate fee.

## 12 Extra notes to support your claim

### WELFARE RIGHTS SERVICE

Millions of pounds of benefit go unclaimed every year. Many people do not claim benefits because they are unsure of what to claim or how to claim it. Argyll & Bute Council has a Welfare Rights Service which offers free independent and confidential advice on all benefit issues. Welfare Rights Officers can advise on benefits such as Incapacity Benefit, Attendance Allowance, Invalid Care Allowance and so on.

**Welfare Rights Officers can be contacted on the following numbers:-**

Campbeltown, Mid Argyll and Islay	Oban, Lorn and Isles	Helensburgh and Lomond	Cowal and Bute
Tel. (01586) 552659	Tel. (01631) 563068	Tel. (01436) 658800	Tel. (01369) 703735

### Money Matters Advice Service

Argyll and Bute Council's Money Matters Advice Service provides free, confidential information and advice or debt counselling. **Contact your local office:-**

Oban, Lorn and Isles	Bute and Cowal	Helensburgh and Lomond	Mid Argyll, Kintyre and Islay
Tel. (01631) 564061	Tel. (01369) 708618	Tel. (01436) 658902	Tel. (01586) 554693

**Your Partner**

**Income Certificate**

Please fill in your name and address opposite and get your employer to fill in the details that we ask for. When the certificate has been filled in, please send it back to use with your application form.

Name:  
Address:

You should only use this form if you cannot send us payslips.

Employer's stamp

**Employer's signature:**

**Name:**

**Date:**

To employer: Please help the applicant by giving us their last five weeks' wages, if they are paid every week, or the last two months' wages if they are paid every month. Please send this form back to employee. Please tell us if they are paid every week, two weeks, four weeks or monthly.

Date	Gross pay (before deductions)	Income Tax	National Insurance Contributions	Pension Contributions
1				
2				
3				
4				
5				

Normal hours they work each week

Is SSP included in any of these payments? Yes  No

If "Yes", how much?

**Please include any overtime/bonuses**

**You**

**Income Certificate**

Please fill in your name and address opposite and get your employer to fill in the details that we ask for. When the certificate has been filled in, please send it back to use with your application form.

Name:  
Address:

You should only use this form if you cannot send us payslips.

Employer's stamp

**Employer's signature:**

**Name:**

**Date:**

To employer: Please help the applicant by giving us their last five weeks' wages, if they are paid every week, or the last two months' wages if they are paid every month. Please send this form back to employee. Please tell us if they are paid every week, two weeks, four weeks or monthly.

Date	Gross pay (before deductions)	Income Tax	National Insurance Contributions	Pension Contributions
1				
2				
3				
4				
5				

Normal hours they work each week

Is SSP included in any of these payments? Yes  No

If "Yes", how much?

**Please include any overtime/bonuses**

## **ADDITIONAL INFORMATION IN BRIEF**

### **Complaints Procedure**

We want you to receive the best possible attention when applying for Housing/Council Tax benefit. If for whatever reason you feel that this has not happened, then please make your feelings clear by writing to The Benefit Manager, Community Services, Argyll and Bute Council, Kilmory, Lochgilphead, Argyll, PA31 8RT. Your complaint will be investigated in full and you will be sent a written response.

### **Customer Satisfaction**

We would also be pleased to hear from you should you wish to make any comments or suggestions on how we can continue to improve our service. For example, **What do you think of the application form. Is it too complicated? Are you able to obtain an application form easily? Have you used our scribe service, or visited our web site at [www.argyll-bute.gov.uk](http://www.argyll-bute.gov.uk)?** Please let us know your thoughts on our application form and customer service in order that we can use them wherever possible.

### **Appeal Procedure**

If you are unhappy with any Housing/Council Tax benefit decision made by the council, i.e. the level of benefit paid, the decision to recover an overpayment, the refusal to backdate a claim then you can make a written appeal to have the decision re-considered. You must appeal in writing within 28 days from receiving your decision letter. If you are still unhappy with the outcome your appeal will be submitted to the Appeals Service in Glasgow on your behalf and they will communicate with you direct on the matter. Further information and advice is available from your local area office. **Please note details of the appeal procedure is also contained in our decision letters.**

### **Backdating of Claims**

We cannot normally backdate your claim unless you are able to give us a good reason for not claiming earlier. However, there are some circumstances in which we can. If you want us to consider backdating your claim, then please ask your local office for a "Backdating Application form".