

Are you or someone in your household related, currently or previously, to your Landlord or his/her partner? YES  NO

If YES what is the relationship  Do you (or your partner) receive care, support or supervision from your Landlord or someone acting for them?

Do you authorise the Council to discuss all aspects of your claim with your landlord? YES  NO

**TYPE OF TENANCY**

i.e Assured, Shorthold, Housing Association

How long is your tenancy for?

**RENT DETAILS**

What is the full rent for your accommodation? £

How often is your rent due to be paid? (Please tick box)

Weekly  Fortnightly  4-Weekly  Monthly  Quaterly

Date tenancy started

If you rent jointly with others, please name them

Has a 'fair rent' been registered for your home? YES  NO  DON'T KNOW

**PROOF: Please send an original tenancy agreement or a signed letter from your landlord. It must show the name of your landlord, the business address of your landlord or managing agent, date the tenancy agreement started, amount due, services included and payment period.**

Does your rent include payment for any of the following?

	YES	NO	Amount per week		YES	NO	Amount per week
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Food	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Water rates	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Full board*	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Part board**	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>				
Cooking facilities	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>				
				Any other services ***	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

\*\*\* Please give details of any other services

**TYPE OF ACCOMMODATION**

i.e detached house, terraced house, room in a house

**LOCATION OF ACCOMMODATION**

Only complete this section if your accommodation is a flat, bedsit, or rooms in a house/hostel

Number of floors in building

On which floor is your accommodation? All floors  Basement  Ground

Location of accommodation on floor of building, if it does not take up the whole floor First  Second  Third

Front  Centre  Rear

Other please specify

**MORE ABOUT THE ACCOMMODATION YOU LIVE IN**

	Bedrooms	Bedsitting rooms	Living Dining/rooms	Kitchen	Bathroom	Toilet	Any other rooms (specify)
Total no. of rooms in your property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No of rooms used only by you/your family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total no. of rooms shared with other householders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you share rooms with other people who are not in your family please give details of the rooms shared and the names of the people you share them with.

**FACILITIES WITH YOUR ACCOMMODATION**

Does your rent include a charge for the use of a garage? YES  NO

If YES, how much is it? £

Did you choose to rent a garage or does it form part of your tenancy?

Does the property have a central heating system? YES  NO

Is the property let as furnished or unfurnished? Furnished  Unfurnished

If furnished is it: Fully furnished  Partly furnished  Minimally furnished

Who is responsible for the internal decoration? Landlord  Tenant  Not known

## Section 3

### Special notice

The authority is under a duty to protect the public funds it administers and to this end may use the information you have provided in this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

#### DECLARATION

Please read carefully the declaration below before signing the form.

I declare that the information given on this form is true and complete to the best of my knowledge and that my circumstances remain the same other than that stated above.

I authorise the Council to make any checks, i.e data be checked against other information or passed to other public bodies for verification such as DWP agencies.

I agree to inform the Council's Benefit Section immediately of any changes in circumstances.

I understand that any false information given for the purpose of obtaining benefit will make me liable for prosecution, and any overpayment will be recovered from me.

Signed:

Dated:

**YOU MAY LOSE BENEFIT IF YOU DO NOT SEND IN YOUR FORM NOW**

**IF YOU HAVE NOT HEARD FROM US WITHIN 14 DAYS,  
PLEASE CONTACT US IMMEDIATELY**

Please send in your form as soon as you complete it, even if you do not have all the proof.  
Send in the rest of the proof as soon as you can to ensure you get all the benefit you are entitled to.

FOR OFFICIAL USE ONLY: (When an officer of the council completes the form on behalf of the claimant)

I have read the entries I have made on this form and the declaration and undertaking back to the claimant/s before asking for the Applicants signature

Officers signature

#### PLEASE RETURN TO:

Benefits Section, Mendip District Council Offices  
Cannards Grave Road,  
Shepton Mallet,  
Somerset,  
BA4 5BT  
Tel: 0300 303 8588  
Opening times 08.30am - 5.00pm (Monday to Friday)

## NOTIFICATION OF CHANGE OF ADDRESS

Claim Reference:

### Section 1

Please complete this form to tell us about your change of address. Then return to the Benefits Section at the address shown on the back page without delay. An envelope is provided for your use.

Your surname:  Your first name:

Contact telephone number:

Do you have a main home somewhere else? YES  NO

If YES what is the address?

Postcode

Address you are moving from:

Postcode

Address you are moving to

Postcode

Date you moved into your new address:

Please confirm which benefit you wish to continue claiming (please tick)

Housing Benefit only  Please complete sections 2 and 3  
Housing Benefit and Council Tax Support  Please complete sections 2 and 3  
Council Tax Support only  Please complete section 3

### Section 2

Have you ever owned the property in which you live? YES  NO

Your Landlord's name and address

Postcode

If an agent acts for your landlord please give agents name and address

Postcode

#### Tenants getting Local Housing Allowance (LHA)

Your benefit will be paid directly you. If you feel this may cause you difficulty, please contact the Benefit Section for advice.

Do you want your Housing Benefit to be paid to you? Yes  No  Or to your landlord? Yes  No

Please give details of the account you would like your benefit paid into

Name of Bank or Building Society

Branch

Account Name

Account Number

Roll Number   
(Building Society accounts only)

Sort Code