

Date Received

MR/MRS/MS

Your full name

Your address

Post Code

Date Issued

Reason application issued

For office use

**Use this application form to claim Housing Benefit,  
Council Tax Benefit and Free School Meals.**


**\* Please read the notes on pages 2 & 3 carefully before completing this form \***

If you would like to contact us for any help or assistance with your claim for Housing Benefit, Council Tax Benefit or Education Benefit, please see our contact details below:

**Our office address: (where your application form should be returned)**

Benefits Manager  
Denbighshire County Council Benefits Department  
Russell House  
Churton Road  
Rhyl  
Denbighshire  
LL18 3DP

**Our telephone numbers and E-mail address**

 Tel: (01824) 706316  
706312  
706302

Lines are available from Monday to Friday

 E-mail us at: [benefits@denbighshire.gov.uk](mailto:benefits@denbighshire.gov.uk)

You can also visit our office above.  
Our opening times are as follows:

Monday 9.00am to 4.30pm  
Tuesday 9.00am to 4.30pm  
Wednesday 11.00am to 4.30pm  
Thursday 9.00am to 4.30pm  
Friday 9.00am to 4.00pm

Please see the back of this form for other Council addresses where application forms can be handed in and also other useful addresses for independent advice.

**OFFICE USE ONLY**  
**RETURN OF CLAIM FORM RECEIPT**  
**PLEASE SEE NOTES ON REVERSE**

When you return this application form to The Benefits Department, this receipt will be date stamped and handed back to you.  
If you post this form back to The Benefits Department, this receipt will be stamped with the date of receipt on and returned to you via the post.  
**If you do not receive a receipt within 7 days of posting your completed form, then please contact The Benefits Department immediately.**

[Large empty box for stamping]

Receiving Officer's Signature

[Signature box]

Date Received by Council

[Date box]

**IMPORTANT! PLEASE RETAIN THIS RECEIPT, ONCE DATE STAMPED, IN CASE OF QUERY**  
**A WELSH VERSION OF THIS FORM IS AVAILABLE ON REQUEST**  
**GELLIR CAEL COPI CYMRAEG O'R FFURFLEN HON OS GOFYNNIR**

## \* Please read these important notes before you fill in this form \*

### If you fill in this form, we will consider your entitlement to the following:

- **Housing Benefit** helps you pay your rent if you are on a low income. We work out your entitlement by looking at your total income, capital, any savings and the rent you pay. We also consider your household circumstances.
- Private tenants in Denbighshire are able to claim a new type of Housing Benefit called **Local Housing Allowance**. Under this system, your allowance is based upon the number of people who live with you and also the area in which you live. The maximum allowance rates are published in advance so that you can know, before you sign up for a property, how much we could pay towards your rent.
- **Council Tax Benefit** helps you to pay Council Tax if you are on a low income. As with Housing Benefit, we consider your total income, capital, any savings and your household circumstances. We then look at the amount of Council Tax that you are required to pay.
- **Second Adult Rebate** is a type of Council Tax Benefit that does not depend upon the income of the person who pays the Council Tax. It is for single people who share their home with other adults who are on a low income. Householders, who have a partner, but one is exempt for Council Tax, will be treated as a single person for this benefit.
- **Free School Meals** are for children whose parents get either: Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance or Guarantee Pension Credit. Those children whose parents receive Child Tax Credit can also receive Free School Meals provided that they don't also receive Working Tax Credit and their income is below a level set by the Government.

### How to fill in this form

- Housing Benefit and Council Tax Benefit are complicated welfare benefits to work out. We are sorry that we have to ask so many questions, but it is important that you answer all the relevant sections on the form. Make sure that you use **black ink** to fill in the form. If a section does not apply to you, please say so or fill in the appropriate 'No' box. Your claim will be delayed if you do not fill in the form properly. **If you need help to fill in the form, please telephone the Housing and Council Tax Benefit Office on the telephone numbers shown on page one.**
- If you just want to claim **Second Adult Rebate**, you should just complete Parts 1 and 3 and then parts 15 and 16 (if appropriate). The Declaration on Part 17 should then also be completed. However, if you fill in all of the form, we can tell you about any other benefits you may be able to get.
- If you just want to claim **Free School Meals**, but do not want to claim any other benefits, or you are already getting benefit from us, make sure that your name and address are on this form and fill in all questions up to and including Part 9. You should then sign the declaration on Part 17. Remember that we need to know the name and address of your child's school.
- We can usually pay benefit from the Monday after we receive your application form. Sometimes we can pay benefit from an earlier date, if you have a good reason for not claiming earlier.
- **Please send this form back as soon as you can. If you do not, you may lose benefit. If you don't have all the information we have asked for, send in the form and then send in the rest of the information as soon as it becomes available.**

## WE DON'T WANT TO HAVE TO CLAIM MONEY BACK FROM YOU

SO PLEASE TELL THE BENEFITS DEPARTMENT IMMEDIATELY, IN WRITING, IF YOUR CIRCUMSTANCES OR THAT OF ANY PERSON IN YOUR HOUSEHOLD CHANGE. IT COULD ALSO MEAN YOU GET MORE MONEY. HERE ARE SOME OF THE CHANGES YOU MUST TELL THE BENEFITS DEPARTMENT ABOUT IMMEDIATELY:-

- If you or your partner start work
- If your Income Support / Job Seekers Allowance stops
- If your benefits change
- If your income increases or decreases
- If your savings, capital or investments go up or down
- If someone comes to live with you
- If you change address (you will need to complete a new form)
- If your accommodation changes within the same property (you may have to complete a new claim form - please contact the Council)
- Any non-dependant changes
- If someone vacates your household

# EVIDENCE REQUIRED

You are required to provide documentary proof of your identity, income, capital and rent. **IF YOU DO NOT PROVIDE THE EVIDENCE, YOUR CLAIM CANNOT BE PROCESSED.** ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE AS EVIDENCE - PHOTOCOPIES ARE NOT ACCEPTABLE.

## **EVIDENCE OF NATIONAL INSURANCE NUMBER**

You can find this on payslips or letters from the Department for Work and Pensions or HM Revenues and Customs.

## **EVIDENCE OF IDENTITY**

All persons wishing to claim Housing or Council Tax Benefit must provide evidence of identity. At least two items of evidence must be provided. These may include Benefit award notification letters, a Bank Statement dated within the last 4 weeks of the claim, Birth Certificates, Credit Cards (these should not be photocopied), Driving Licence, Wage Slips from current employer, Utility Bill paid in your name for the last quarter. **IF YOU DO NOT HAVE EVIDENCE OF IDENTITY PLEASE CONTACT THE BENEFITS DEPARTMENT FOR ADVICE.** (Please note - this must be provided for claimant and partner)

## **EVIDENCE OF RESIDENCY**

If you pay rent you are required to provide proof of your tenancy (If you are a Local Authority Tenant you are not required to provide evidence of residency). This evidence could come in several forms of which one or more of the following is acceptable: Tenancy Agreement, Letter from Landlord, Rent Book, Letter from Agent.

The evidence must provide the following information:

- The name and address of the landlord
- If appropriate, the name and business address of the managing agent
- The date the agreement started
- The amount of rent payable
- What services (if any) are included in the rent
- The payment period e.g. Weekly, 4 Weekly, Calendar Monthly

## **INCOME AND CAPITAL**

If you are in receipt of Income Support or Job Seekers Allowance (Income Based), Guarantee Pension Credit or Income Related Employment and Support Allowance **YOU ARE NOT REQUIRED TO PROVIDE EVIDENCE OF INCOME OR CAPITAL.**

## **EARNINGS**

The following evidence is required:-

Last five payslips (If paid weekly); Last three payslips (If paid fortnightly), or last two payslips (If paid monthly)

The evidence must provide the following:

- The name and address of the employer
- The number of hours worked and the period covered
- Gross income in year to date
- Gross income for the pay period
- Income Tax deducted
- National Insurance contributions deducted
- Occupational pension or personal pension contributions made by the employee
- The method of payment e.g. cash, cheque, into bank account

If you do not have payslips you may ask your employer to complete the certificate of earnings at the back of this form. If you have just started work, a letter from your employer stating the amount of your gross & net pay will suffice. When you have the relevant payslips you must send them in.

## **SELF EMPLOYED**

Your latest accounts must be provided. If you do not have accounts please contact the Benefits Department and request a self employed earnings information form.

## **BENEFITS**

You are required to provide evidence of all benefits received i.e. Benefit Award notification letters (if the Benefit has just been awarded), or Current Bank Statements which show payments of Benefit received. In the case of Working Tax Credit and Child Tax Credit the full award notification letter is required also.

## **OTHER INCOME**

Evidence of all income must be provided. These may include, last payment slip, last two months full bank statements which shows amounts being received, letters from absent parents confirming maintenance payments made, award notifications, but only if backed up with evidence which confirms the current income being paid.

## **CAPITAL**

Evidence of all Capital must be provided. These may include: Current Bank/Building Society Statements which show credits/debits and the outstanding balance covering a period of at least the last two months, **(a slip showing the outstanding balance is NOT acceptable)**. Original documents showing proof of ownership e.g. dividend statements detailing assets, share certificates, Bonds, Unit Trusts, Stocks and Shares etc.

**IF YOU HAVE ANY QUERIES REGARDING YOUR CLAIM PLEASE TELEPHONE THE BENEFITS DEPARTMENT FOR ADVICE**

# Part 1 - About you and your partner

Are you (please tick one box)

A council tenant?

A private tenant?

Other

A housing association tenant?

An owner occupier?

Do you have a partner who normally lives with you?

No

Yes

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

**Applicant**

**Your Partner**

Last Name



Other Names



Title

Mr, Mrs, Ms and so on



Address - Where you are claiming

Do not tell us your partner's address if it is the same as yours


Date of Birth

 /  / 
 /  / 

Date Partner Joined/Vacated

 /  / 
 /  / 

National Insurance Number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

You can find this on letters from the Department for Work and Pensions.

We cannot decide your claim if we do not have your National Insurance Number

Tell us any other names you have used


Your daytime telephone number



You do not have to tell us this, but it may help us deal with your claim more quickly.

Your e-mail address



You do not have to tell us this, but it may help us deal with your claim more quickly.

If you have moved home in the last 12 months, tell us your last address


Did you claim Housing and/or Council Tax Benefit there?

No

Yes

No

Yes

What date did you leave the property?

 /  / 
 /  / 

Were you An owner occupier?

No

Yes

No

Yes

Tenant?

No

Yes

No

Yes

Boarder?

No

Yes

No

Yes

# Part 1 - About you and your partner - continued

	Applicant	Your Partner
Have you claimed Housing and/or Council Tax Benefit from this Council before?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes' please give the address where benefit was last claimed		

<p>Are you or your partner living in a different place from the address for which you are claiming Housing Benefit or Council Tax Benefit at the moment?</p> <p>For example a hospital, a residential home or legal custody</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Go to the next question      Tell us why you are not living at the address</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Go to the next question      Tell us why you are not living at the address</p>

Tell us the address where you are living at the moment

Postcode

When did you start living at this address?

/	/
---	---

Do you intend to return to your normal home?

No <input type="checkbox"/>	Yes <input type="checkbox"/>
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When do you expect to return to your normal home?

/	/
---	---

If your home has been sublet, tell us who lives there now

--

Have you or a 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 2 years?

No

Yes

When did you last arrive in the UK?

/	/
---	---

No

Yes

When did you last arrive in the UK?

/	/
---	---

What is your Nationality?

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# Part 1 - About you and your partner - continued

## Applicant

## Your Partner

**Are you or your partner a student?**

by student we mean anybody who is attending a course of study at an educational establishment

No

Yes

Please tell us whether this is full time or part time and give details below

Full time

Part time

No

Yes

Please tell us whether this is full time or part time and give details below

Full time

Part time

**We need to see proof of your course details or student registration details**

this must be an original, not a photocopy

Name of University or College

Name of Course

Start date of course

 /  / 

End date of course

 /  / 

Name of University or College

Name of Course

Start date of course

 /  / 

End date of course

 /  / 

**Are you or your partner any of the following?**

An apprentice

No

Yes

No

Yes

On youth training

No

Yes

No

Yes

Severely mentally impaired

No

Yes

No

Yes

Registered blind

No

Yes

No

Yes

Long term sick or disabled

No

Yes

No

Yes

**Does anyone get Carer's Allowance for looking after you or your partner?**

No

Yes

No

Yes

**Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it, because you receive another benefit instead?**

No

Yes

No

Yes

**Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?**

No

Yes

we may write to you about this

No

Yes

we may write to you about this

**We will contact you if we need more information**

# Part 2 - About children

You may be able to get extra benefit for children you get Child Benefit for if they normally live with you and they are:

- under 16;
- aged 16 or 17 and registered for work or youth training
- aged 16 or over, but still under 20 and in education doing a course not higher than GCE A-level, GNVQ (advanced).

Are there any children who live with you?

No  **Go to part 3**

Yes  Tell us about the children.  
If you have more than 4 children, use the space on page 24

	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" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
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"/>
Date Child Benefit will stop	<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"/>

**We need to see proof of this. Please refer to the notes on page 3 regarding the evidence required.**

Name and address of child's school				
	<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"/>

Is the child registered blind or getting Disability Living Allowance?

No	Yes	No	Yes	No	Yes	No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you pay any child minding costs for this child?

For example, to a child minder, nursery or after school club.

No	Yes	No	Yes	No	Yes	No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tell us the name and registration number of the minder		Tell us the name and registration number of the minder		Tell us the name and registration number of the minder		Tell us the name and registration number of the minder

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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How much do you pay a week?

£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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**Please provide the last 5 weekly receipts**

# Part 3 - About other people who live with you

Do any adults normally live with you and your partner?

No  Go to part 4.

Yes  Tell us about all the adults, except your partner, who usually live with you. If you want to tell us about more than 3 people, use the space on page 24

By adults we mean people over 16 who nobody gets Child Benefit for

Now tell us about all the people who live with you and your partner

	First Person	Second Person	Third Person
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 No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date they moved in	<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"/>
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

For example, aunt, brother, daughter, father, grandson, grandmother, stepdaughter or friend

Do they normally work for 16 hours or more a week?

No

Yes  Tell us their earnings before deductions for things like tax and National Insurance

£

No

Yes  Tell us their earnings before deductions for things like tax and National Insurance

£

No

Yes  Tell us their earnings before deductions for things like tax and National Insurance

£

We need to see proof of their income

**Please provide last 5 weekly payslips or last 2 monthly payslips**

Do they receive Income Support, Income Based Jobseeker's Allowance, Guarantee Pension Credit or Income Related Employment and Support Allowance?

No

Yes

No

Yes

No

Yes

Do they get Disability Living Allowance or Attendance Allowance, or are they registered blind?

No

Yes

No

Yes

No

Yes

Do they have any other income at all? Including interest from savings

No

Yes  Tell us their earnings before deductions for things like tax and National Insurance

£

No

Yes  Tell us their earnings before deductions for things like tax and National Insurance

£

No

Yes  Tell us their earnings before deductions for things like tax and National Insurance

£

Name of Income

£

We need to see proof of their income

£

We need to see proof of their income

£

We need to see proof of their income

**We need to see proof of their income. Please refer to the notes on page 3 regarding the evidence required.**

# Part 3 - About other people who live with you - continued

	First Person	Second Person	Third Person
<b>Do they pay rent to you or your partner?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they severely mentally impaired?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they in legal custody at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Are they in hospital at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Are any of the people who live with you joint owners / joint tenants?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they a full time student, a student nurse, a care worker, an apprentice or on youth training?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are any of the people who normally live with you married to each other or living together as if they are married?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their names <input type="text"/>	is the partner of <input type="text"/>	
	And <input type="text"/>	is the partner of <input type="text"/>	

# Part 4 - About Income Support, Income Based Jobseekers Allowance, Income Related Employment and Support Allowance and Guarantee Pension Credit

Are you or your partner getting or waiting to hear about a claim for Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance or Guarantee Pension Credit?

- No  Go to part 5.  
 Yes  Please answer all questions in this part.

## Applicant

## Your Partner

Are you or your partner getting Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance or Guarantee Pension Credit?

- No   
 Yes  When did you start getting it?

- No   
 Yes  When did you start getting it?

Are you or your partner still waiting to hear about a claim for Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance or Guarantee Pension Credit?

- No   
 Yes  When did you claim?

- No   
 Yes  When did you claim?

Which benefit are you getting or waiting to hear about? (please tick one box)

- Income Support   
 Income based Jobseeker's Allowance   
 Pension Credit (Guarantee Credit)   
 Income Related Employment and Support Allowance

- Income Support   
 Income based Jobseeker's Allowance   
 Pension Credit (Guarantee Credit)   
 Income Related Employment and Support Allowance

# Part 5 - About being self employed

Are you or your partner self-employed?

- No  Go to part 6.  
 Yes  Answer the questions on this part of the form. 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 need to see some proof of your income. We will write to you about this.

## Applicant

## Your Partner

What kind of work do you do?



When did the business start?

# Part 5 - About being self employed - continued

	Applicant	Your Partner
What is the name of the business?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
What is the business address?	<input style="width: 100%; height: 40px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/>
Are there any other partners in the business?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address.
	<input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <div style="text-align: center;">Postcode</div>	<input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <div style="text-align: center;">Postcode</div>
How many hours a week do you work?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
What is your weekly income?	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
Do you get a Business Start Up Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
	How often? <input style="width: 100%;" type="text"/>	How often? <input style="width: 100%;" type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
	How often? <input style="width: 100%;" type="text"/>	How often? <input style="width: 100%;" type="text"/>

**Your latest accounts must be provided. If you do not have accounts please contact the Benefit Office and request a self employed earnings information form**

# Part 6 - About working for an employer

Do you or your partner work for an employer?

No  **Go to part 7**

Yes  Answer the questions on this page. If you work for more than one employer, tell us about all the employers on page 24.

	Applicant	Your Partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employers name and address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
When did you start this job?	/ /	/ /
Are you employed for a limited period?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When will you finish?	Yes <input type="checkbox"/> When will you finish?
	/ /	/ /
How often do you get paid?	Every	Every
How much do you get paid?	£	£
How do you get paid?	BACS <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/>	BACS <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/>
When was your last pay rise?	/ /	/ /
When will your next pay rise be?	/ /	/ /
Do you receive, or expect to receive, any bonuses, tips, or overtime?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
	£	£
	Every	Every
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
When did it start?	/ /	/ /
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

# Part 6 - About working for an employer - continued

Do you pay into a private or company pension scheme?

No   
 Yes  How much?

£

How often?  
 Every

No   
 Yes  How much?

£

How often?  
 Every

Please make sure you send in either a completed earnings certificate or your last 5 weekly or 2 monthly payslips, to confirm your earnings. If the evidence requested is not provided it may be necessary for us to contact your employer. Please refer to the notes on page 3 which give further information regarding the evidence required.

# Part 7 - About any other work

Do you or your partner do any other work at all?

This could be voluntary work or any other work, even if it is not paid work.

No  Go to part 8  
 Yes  Answer the questions on this page.

**Applicant**

**Your Partner**

What kind of work do you do?



What is your employers name and address?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

When did you start this work?

 /  / 
 /  / 

Do you get paid?

If you only get expenses or tips, still tick 'Yes' and give details.

No   
 Yes  How much?

£

How often?  
 Every

No   
 Yes  How much?

£

How often?  
 Every

If you get expenses please give details of what they relate to.



Please make sure you send in either a completed earnings certificate or your last 5 weekly or 2 monthly payslips, to confirm your earnings. If the evidence requested is not provided it may be necessary for us to contact your employer. Please refer to the notes on page 3 which give further information regarding the evidence required.

# Part 8 - About benefits and pensions

## Are you or your partner getting or waiting to hear about any other benefits?

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

No  **Go to part 9**

Yes  Tell us about the benefits below (please include any amounts being deducted)

- Attendance Allowance
  - Disability Living Allowance
  - Carers Allowance
  - Pension Credit (including Savings Credit)
  - Guardian's Allowance
  - Incapacity Benefit
  - Employment and Support Allowance
  - Industrial Injuries Disablement Benefit
  - Industrial Death Benefit
- } Although this is not taken into account as income it may increase your benefit
- Contribution-Based Jobseeker's Allowance
  - Maternity Allowance
  - Retirement Allowance / Retirement Pension
  - Severe Disablement Allowance
  - War Disablement Benefit, War Pension or War Widow's Pension
  - Widows or Widower's Benefits
  - Working Tax Credit
  - Statutory Sick Pay or Statutory Maternity Pay
  - Child Tax Credit

**This list is only an example of some of the benefits available. Please give details below of any benefits you receive.**

	Applicant	Your Partner
<b>The name of the benefit</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/> Date claimed <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Date claimed <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	How often?	How often?
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>The name of the benefit</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/> Date claimed <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Date claimed <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	How often?	How often?
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>The name of the benefit</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/> Date claimed <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Date claimed <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	How often?	How often?
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

# Part 9 - About other money coming in

**Do you or your partner have any other money coming in that you have not already told us about on this form?**

This includes occupational - private pensions; maintenance or child support for you, your partner or any of the children you have told us about on this form; and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or sub tenants. You do not need to tell us about payments from the Independent Living Fund, Eileen Trust or the MacFarlane Trust.

No  **Go to part 10**

Yes  Answer the questions on this page.

## Other money 1

What is the money for?

Who gets it?

How much do they get?

How often?

## Other money 2

What is the money for?

Who gets it?

How much do they get?

How often?

## Other money 3

What is the money for?

Who gets it?

How much do they get?

How often?

**Does anyone owe money to you, or your partner?**

No

No

Yes  What for?

Yes  What for?

How much?

**All income must be verified. Failure to do so will result in your assessment being delayed. You may also lose benefit. Please refer to the notes on page 3 which give further information regarding the evidence required.**

# Part 10 - About bank accounts, capital, savings and investments

**Do you or your partner have any bank accounts, capital, savings or investments?**

This includes cash, current accounts and savings accounts with a bank or building society. It also includes any Internet accounts, Credit Union accounts, Supermarket accounts or Post Office accounts. Please also tell us about any premium bonds or stocks and shares.

No  **Go to part 11**

Yes  Answer the questions on this Part. We must see proof of the capital, savings and investments. Please read the checklist on Page 3 to see what you can use as proof.

Two months bank statements are required (even if you are overdrawn).

**Do you or your partner have any bank accounts?**

No

Yes

Tell us about **bank accounts (even if they are overdrawn)**.

If there are more than 2 bank accounts, tell us about the others on page 24.

Name of bank

Account number

Whose name is the account in?

How much is in the account?

Name of bank

Account number

Whose name is the account in?

How much is in the account?

**Do you or your partner have any building society accounts?**

No

Yes

Tell us about **building society accounts**.

If there are more than 2 building society accounts, tell us about the others on page 24.

Name of building society

Account number

Whose name is the account in?

How much is in the account?

Name of building society

Account number

Whose name is the account in?

How much is in the account?

**Do you or your partner have any Internet, Credit Union or Supermarket accounts?**

No

Yes

Name of account

Account number

Whose name is the account in?

How much is in the account?

Name of account

Account number

Whose name is the account in?

How much is in the account?

# Part 10 - About bank accounts, capital, savings and investments - continued

Do you or your partner have Post Office accounts?

No

Yes

Tell us about **post office accounts**.

If there are more than 2 bank accounts, tell us about the others on page 24.

Name of account

Account number

Whose name is the account in?

How much is in the account?

£

Name of account

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any Premium Bonds?

No

Yes

Value

£

Do you or your partner have any National Savings Certificates?

No

Yes

Issue number

Value

£

How many?

Issue number

Value

£

How many?

Do you or your partner have any stocks, shares, bonds or unit trusts?

No

Yes

Company name

Value

£

How many?

Company name

Value

£

How many?

Do you or your partner have any other capital, savings or investments?

No

Yes

Tell us about this.

Tell us about any TESSAs or ISAs here.

# Part 10 - About bank accounts, capital, savings and investments - continued

Have you or your partner received any backdated benefit or deferred payments, for example State Retirement Pension which you have added to your savings?

No   
 Yes  If 'yes', please give details

What for?

How much was this before tax was deducted?

£

Do you or your partner own or partly own any land or property other than the home you live in?

No   
 Yes  Tell us about this.

Is this property up for sale, if so please provide evidence from the estate agent.

No   
 Yes

Address of land or property



Postcode

Please enclose documentary proof of all capital. The notes on page 3 give further information regarding the evidence required.

# Part 11 - About rent

Is your home a rented property?

No  **Go to Part 15**  
 Yes  Answer the next question.

When did you start renting your home?

 /  / 

When did you move to this address?

 /  / 

If you have not moved in yet, tell us when you expect to move in.

 /  / 

Are you a Council tenant?

No  Answer the next question.  
 Yes  **Go to Part 13.**

What sort of tenancy do you have?  
 For example shorthold, tied rent etc.

How long is the tenancy for?

 /  /  to  /  / 

Please tick to show if the property is let as

Furnished  Minimally furnished  Partly furnished  Unfurnished

Please tick to show if the property has

Garden  Parking  Central Heating  Garage

Please enclose your tenancy agreement, or if applicable, the certificate of fair rent registration, together with current rent book/card. Proof of rent must be enclosed. Without this your application cannot be processed. Please refer to the notes on page 3 which give further information regarding the evidence required.

# Part 11 - About rent - continued

How much rent do you pay?  
per week/fortnight/4 weeks/month

£

every

Does anyone else share the rent  
with you and your partner?

No

Yes

Tell us their names?

Could you or any member of  
your household afford the rent  
when you moved in?

No

Yes

Do you owe your landlord  
arrears of rent?

No

Yes

How much?

£

Has your rent changed in the  
last 12 months?

No

Yes  Send us proof of the date it changed, and how much it changed.

When is the next rent  
increase due?

Has your rent been registered  
a fair rent by the rent officer?

No

Yes  Send the notice of registration.

Do you have any weeks when  
you do not have to pay rent?

No

Yes

How many?

Who is liable for the Council Tax  
in your home?

You and your partner

Your landlord

Someone else

Tell us who pays the Council Tax.

Do you pay water charges  
direct to the water authority?

No

Yes

# Part 11 - About rent - continued

Does your rent include money for any of the following?

No

Meals Yes  How much? £

Which meals are included?

Heating No

Yes  How much? £

Lighting No

Yes  How much? £

Hot Water No

Yes  How much? £

Fuel for cooking No

Yes  How much? £

Laundry No

Yes  How much? £

Gardening No

Yes  How much? £

Garage or parking space No

Yes  How much? £

Do you have to rent the garage as part of the tenancy agreement? No   
Yes

Central Heating No

Yes  How much? £

Personal and Medical Care No

Yes  How much? £

General Counselling & Support Services No

Yes  How much? £

Do you pay any services charges separate from your rent?

For example for cleaning or lighting in shared areas, an alarm system, a warden or lift maintenance

No

Yes  How much? £

What for? £

We may write to you regarding this

# Part 11 - About rent - continued

**What is your landlord's full name, private/business address and telephone number?**

By *landlord* we mean the person or organisation who owns the property you live in.

Tel No: <span style="float: right;">Postcode</span>

**If your landlord has an agent, tell us their full name, address and telephone number.**

By *agent* we mean the person or organisation you actually pay the rent to.

Tel No: <span style="float: right;">Postcode</span>

**Are you, your partner or children related to your landlord or agent, or to your landlord's partner or the agent's partner?**

No

Yes

What is the relationship?

**Do you or your partner own, or have ever owned, any part of the property you now occupy?**

No

Yes

**Is your Landlord the ex-partner of you or your partner?**

No

Yes

**Do you rent the accommodation from a company of which you or your partner are a director or an employee?**

No

Yes

**Is your Landlord the parent of a child for whom you or your partner are responsible?**

No

Yes

**Do you occupy the property as a condition of you or your partner's employment?**

No

Yes

**Is your Landlord a Trust, of whom you or your partner are a Trustee or beneficiary?**

No

Yes

**Is your Landlord a Trust, of whom your child or your partner's child are a Trustee or beneficiary?**

No

Yes

# Part 12 - About where you live

**What sort of building do you live in?**

<input type="checkbox"/> Detached house	<input type="checkbox"/> Bungalow	<input type="checkbox"/> Bedsit or rooms	<input type="checkbox"/> Caravan, Mobile home or Houseboat
<input type="checkbox"/> Semi-detached house	<input type="checkbox"/> Flat in a house	<input type="checkbox"/> Hostel	<input type="checkbox"/> Residential nursing home
<input type="checkbox"/> Terraced house	<input type="checkbox"/> Flat in a block	<input type="checkbox"/> Hotel	<input type="checkbox"/> Residential care home
<input type="checkbox"/> Maisonette	<input type="checkbox"/> Flat over a shop	<input type="checkbox"/> Board or lodgings	<input type="checkbox"/> Other

**Is there more than one floor?**

No

Yes

How many floors are there?

Which floors do you live on?



**Do you and your household occupy only part of the building?**

No

Yes

Where in the building do you live?

At the front

In the middle

At the back

# Part 12 - About where you live - continued

## How many rooms are there in the building?

	In the whole building	Just for you and your household	That you share with other people
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting 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"/>

## Do you use your home for business?

No   
 Yes

## Do you have a main home somewhere else?

If your main home is somewhere else in the UK or abroad, tick 'Yes' even if you do not pay rent for it.

No   
 Yes

What is the address?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

How much do you pay for this home?

£

# Part 13 - How you want to be paid

If you are awarded Housing Benefit and you are NOT a Council or Housing Association tenant, we will pay any Housing Benefit awarded straight to you.

We can arrange to pay your money:

- straight into a bank, building society, National Savings bank, Girobank or Credit Union account
- by cheque, **please note, you will need an account in your name to cash the cheque.**

\* **The only exception to the above is if there is a reason why you cannot manage your own rent payments.**

**You must give the Council reasons in Part 15 to explain why you cannot receive this money.**

**You will also need to provide evidence where necessary, for example, a letter from your Doctor, a care worker, Social Services or Probation Officer. If you are unable to provide this information, please contact us.**

- If you are a Council tenant, we will pay your benefit straight into your rent account.
- If you are a Housing Association tenant, we can pay your benefit directly to the Housing Association if both you and your landlord complete the declaration at the back of this form.
- If you are awarded Council Tax Benefit, we will pay this into your Council Tax account.

## PAYMENT DIRECT INTO AN ACCOUNT

(Private tenants and Housing Association tenants)

We recommend that you get your money in this way because:

- It is safe and secure;
- It is convenient – you decide when and how much you want to withdraw;
- Using an account may help you to save;
- You could have regular bills paid from some accounts (this could save you money, but you will need to make sure that there is enough money in your account to pay the bills – if not you may be charged a fee); and
- You can get your money from many different places.

The account can be:

- In your name;
- In the name of your partner (we use partner to mean a person you are married to or a person you live with as if you are married to them);
- In your name and your partner's name;
- In the name of the person acting on your behalf (not your landlord)

# Part 13 - How you want to be paid - continued

## You must tell us how you want us to pay your Housing Benefit

Please note, the following options DO NOT apply to Council Tenants. If you are a Council Tenant, please go to part 15.

Please select one from the options below:

Straight into an account  
(Please complete details below)

By cheque

Direct to my landlord as I am a Housing Association tenant  
(You and your landlord must complete the declaration at the back of this form)

## For payments to go into your bank, building society, Giro bank or Credit Union account

please complete the following details

Please note - We cannot pay your Housing Benefit into a Post Office card account.

Full name and address of your Bank or Building Society

Postcode

Sort code

Building Society roll number

Account number

Or Credit Union member number

Name of the account holder/holders as they appear on the chequebook, passbook or statement

# Part 14 - Sharing information with your landlord

Sharing information with your landlord 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 share certain information with your landlord.

If you give us permission, we would be able to tell your landlord whether;

- you have claimed Housing Benefit or;
- we have made a decision on your claim or;
- we need more information to make a decision on your claim, and what that information might be.

**We will not give your landlord any information about:**

- your personal or household circumstances, or
- your financial circumstances.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord. You can withdraw your permission at any time. If you want to give us permission to discuss your claim with your landlord, please sign below:

**I give Denbighshire County Council permission to share information about the progress of my Housing Benefit claim with my landlord or their representative:**

Your full name

(In CAPITAL LETTERS)

Address

Postcode

Date

 /  / 

Signature

# Part 15 - *Anything else you need to tell us*

Use this box to tell us anything else you think we should know about.  
Use a separate sheet and attach it to this form if you need to.

If you are sending a separate sheet of paper, tick this box.

# Part 16 - *Backdating*

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date 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 did not claim earlier**

# Consent to share information

The information you provide is required for the purpose of customer relationship management and any function which will improve service provision to you. Denbighshire County Council may share this information between its internal departments, with other Government bodies and with other organisations delivering services on behalf of the Council.

Do you agree with the above?

Yes

No

## Part 17 - Declaration

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

**If you have a partner they must sign this declaration as well.**

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

### I understand that:

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, Council Tax Benefit or Education Benefits.

You may check some of the information with other sources within the council, rent offices or other councils.

You may use the 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 the law allows this.

This authority is under a duty to protect the public fund it administers and to this end may share and match this information for the prevention and detection of fraud.

It may also match Housing Benefit and Council Tax Benefit information with a Credit Reference Agency solely for the prevention and detection of fraud. Fraud investigations may also include checks on undeclared residents/partners.

**I know** I must let the Benefits Department know about any change in my circumstances which might affect my claim.

**I declare** the information I have given is correct and complete.

**I confirm** that I have read and understood this declaration.

**Signature of person claiming**

**Date**

**Partner's signature**

**Date**

**If any part of 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.

**Name, address and telephone number of the person who completed this form.**

Name	
Address	
Tel No.	Postcode

**Relationship to the person claiming**

**Date**

**Signature**

# Checklist

We must see **original** documents, not copies.

**If you do not provide all the proof we need, we might not be able to pay you any benefit.**

**We need the same proof for your partner, if you have one, and for any other adults living in your home.**

If you cannot provide the proof we need at the moment, send the form back to us now and send the proof later. We can start to process your claim, but we will not be able to pay you any benefit until we have all **the proof**.

Please do not send valuable items through the post. If you can, bring them into our benefits office. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

## **Proof of National Insurance Number**

## **Proof of identity**

Such as birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We need to see at least 2 of these documents for each person.

## **Proof of capital, savings and investments**

Such as all your bank, building society or post office books, or certificates for premium bonds, National Savings certificates, ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments and savings. We need statements from the last 2 months.

## **Proof of earnings**

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks or your last 2 payslips if you are paid every month. Please contact us for an employer's certificate if you do not have these payslips. If you or your partner are self-employed, we need to see your accounts for the last financial year. Please contact us if these are not available and we will send you a self-employed form to fill in.

## **Proof of other income**

Such as pension slips from a former employer.

## **Proof of benefits, allowances or pensions**

Such as award notices or letters from the Department for Work and Pensions confirming how much you get. If you do not have proof, let us know straight away. Please do not send order books through the post.

## **Proof of private rent and tenancy**

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.

## **Proof of other money paid out**

Such as letters about student grants or receipts from registered child carers.

**If you do not receive a receipt within 7 days of posting your completed form, please contact the Benefits Department immediately.**

**I understand that you cannot assess my claim until I have sent you all the proof you need.**

# Useful addresses (Where claim forms can be handed in)

## Corwen

One Stop Shop  
Neuadd Edeyrnion  
London Road  
CORWEN  
LL21 0DR

## Prestatyn

One Stop Shop  
Ty Nant  
Nant Hall Road  
PRESTATYN  
LL19 9LG

## Rhuddlan

One Stop Shop  
Vicarage Lane  
RHUDDLAN  
LL18 2UE

## Denbigh

Denbigh Library/One Stop Shop  
Hall Square  
DENBIGH  
LL16 3NU

Denbigh Cash Office  
Hall Square  
DENBIGH  
LL16 3NU

## Rhyl

Russell House  
Churton Road  
RHYL  
LL18 3DP

Rhyl Town Hall  
Wellington Road  
RHYL  
LL18 1AB

## St Asaph

St Asaph Library/One Stop Shop  
The Roe  
ST ASAPH  
LL17 0LU

## Llangollen

One Stop Shop  
Y Capel  
Castle Street  
LLANGOLLEN  
LL20 8NU

## Ruthin

Cash Office/One Stop Shop  
Wynnstay Road  
RUTHIN  
LL15 1YN

Some Housing Organisations will also verify forms and proofs,  
please contact them for further details

# Useful addresses (for independent advice)

## CITIZENS ADVICE BUREAU

23 High Street  
Denbigh  
LL16 3HY  
Tel: 01745 814336

37 Hall Street  
Llangollen  
LL20 8EP  
Tel: 01978 860983

The Old Fire Station  
Market Street  
Ruthin  
LL15 1BE  
Tel: 01824 703483

11 Water Street  
Rhyl  
LL18 1SP  
Tel: 01745 334568

## WELFARE RIGHTS UNIT

Social Services  
Fron Fraith  
Churton Road  
Rhyl  
LL18 3DP  
Tel: 0800 1696625

## BENEFITS ADVICE SHOP

19 Bedford Street  
Rhyl  
LL18 1SY  
Tel: 01745 345145

## SHELTER CYMRU

Bryn Estyn Business Centre  
Bryn Estyn Road  
PO Box 2293  
Wrexham  
LL11 0FB  
Tel: 01978 317911

Unit 4  
Station Buildings  
Bodfor St.  
Rhyl  
LL18 1AT  
Tel: 01745 361444

# This section to be completed by the CLAIMANT

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

**PLEASE NOTE**  
**PAYMENTS TO LANDLORDS CANNOT COMMENCE**  
**UNTIL THIS DOCUMENT HAS BEEN COMPLETED**  
**BY YOURSELF AND YOUR LANDLORD**

Tel. No. \_\_\_\_\_

I authorise Denbighshire County Council to pay my Housing Benefit direct to my Landlord.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed form to:-

Benefits Department  
 Denbighshire County Council  
 Russell House  
 Churton Road  
 Rhyl LL18 3DP

**DENBIGHSHIRE COUNTY COUNCIL, BENEFITS DEPARTMENT, RUSSELL HOUSE, CHURTON ROAD, RHYL LL18 3DP**

## EMPLOYER'S CERTIFICATE

Private and Confidential

**PARTNER**

Claimant's name and address

Name	
Address	
Tel No.	Postcode

Works/Clock No.

--

Having completed the above please hand this certificate to your employer and ask them to complete the details below. Once completed this certificate must be returned to us with your application for Benefit.

**NOTE TO THE EMPLOYER:**

Please give details of wages for the last 5 consecutive weeks or 2 months (whichever is applicable).

Please indicate if statutory sick pay or maternity pay has been paid.

EMPLOYER'S STAMP

	WEEK/MONTH ENDING	GROSS PAY	INCOME TAX	N.I. PAYMENTS	SUPERAN/ PENSIONS	NET PAY	GROSS PAY TO DATE
1							
2							
3							
4							
5							

Employer's telephone number \_\_\_\_\_

Employer's signature \_\_\_\_\_

PLEASE CONTACT THIS OFFICE IF YOU REQUIRE ANOTHER CERTIFICATE FOR COMPLETION

