



**HANDOUT 4
Scenario 1**

BATH & NE SOMERSET
BOROUGH COUNCIL
PO BOX 2797
BATH
BA1 1WF

Initial Date of
Contact:

27 October 2009

NINO:

BB222222A

Customer
Surname:

Hall

Customer First
Name:

Edward

Customer Rents
From:

Housing Association

Employment and Support Allowance

Date 27 October 2009

Housing Benefit / Council Tax Benefit Information

CUSTOMER BENEFIT TYPE

Benefit Type:

Housing Benefit and Council Tax Benefit

Permission for LA to disclose
information to landlord about their
claim for HB:

Yes

CUSTOMER RESIDENTIAL ADDRESS

Edward Hall
BB186001A

Address Type:

Residential

Address:

21 Smith Road
Bath
Avon

BA9 9ZZ
England

Address Start Date:

01 January 1990

Address End Date:

Address Status:

ESA Claim Type

CUSTOMER ESA CLAIM DETAILS

Date Claim Made:	27 October 2009
Date Claiming From:	27 October 2009
SSP End Date:	
ESA Claim Type:	New Claim
ESA Claim Sub-Type:	ESA (C)
ESA Claim Method:	Teleclaim
Started Work or Training Within 1 Month of customer's latest claim to Incapacity Benefit or Severe Disablement Allowance?	No
Case Status:	Case Successfully Processed
Interim Payment Approved:	

About Customer

CUSTOMER DETAILS

National Insurance Number:	BB222222A
Customer Reference Number:	
Date of Birth:	16 October 1968
Title:	Mr
Surname or Family Name:	Hall
First Name:	Edward
Other Forenames:	
Start Date:	
Requested Name:	
Start Date:	
End Date:	

Edward Hall
BB186001A

Other Title:	Mr
Other Surname or Family Name:	Major
Other First Name:	Carl
Other Forenames :	
Start Date:	01 January 1990
End Date:	
Marital/Civil Partner Status:	Married / Civil Partner

CONTACT DETAILS

Home Telephone:	0191 222222
Status of Home Telephone:	Ex-directory
Mobile Telephone:	07999 999999
Work Telephone:	
Textphone:	0121 222222
Email:	invent@msn.co.uk

CUSTOMER ADDRESS DETAILS

Address Type:	Residential
Address:	21 Smith Road Bath Avon BA9 9ZZ England
Address Start Date:	01 January 1990
Address End Date:	
Address Status:	

CUSTOMER NEEDS DETAILS

Spoken Language if Non-English:	
Language for Correspondence:	English
Nationality:	BRITISH

Registered Blind:

N

Date of Removal from Blind
Register:

CUSTOMER ADDITIONAL DETAILS

Severely Mentally Impaired?

No

Pays Towards Upkeep of a
Student(s)?

Yes

Amount Towards Upkeep of a
Student(s):

£100.00

Frequency of Payment Towards
Upkeep of a Student(s):

Quarterly

Changed Address in Last 12
Months:

No

Last Address:

Last Address Details:

Currently Living Away From
Home?

No

Partner Details

Do you have a partner?

Yes

About Partner

PARTNER DETAILS

National Insurance Number:

AB333333A

Customer Reference Number:

Date of Birth:

01 April 1972

Title:

Mrs

First Name:

Sophie

Other Forenames:

Surname or Family Name:	Hall
Address:	21 Smith Road Bath Avon BA9 9ZZ England
Living Separately from Customer?	No
Reason for Living Separately from Customer:	
Nationality:	BRITISH
Registered Blind:	N
Date of Removal From Blind Register:	
Agreement to Claim?	Yes

PARTNER ADDITIONAL DETAILS

Severely Mentally Impaired?	No
Pays Towards Upkeep of a Student(s)?	No
Amount Towards Upkeep of a Student(s):	
Frequency of Payment Towards Upkeep of a Student(s):	
Changed Address in Last 12 Months:	No
Last Address:	
Last Address Details:	
Currently Living Away from Home?	No

Dependants

Are there dependants in the household?	No
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Edward Hall
BB186001A

Any Dependant Children with
Parents Living at a Different
Address?

No

Parent / Person With Care:

Other People Who Live With Customer

Does anyone else live in the
customer's household?

Yes

DETAILS OF PERSON WHO LIVES IN CUSTOMER HOUSEHOLD

Surname or Family Name:

Richardson

First Name:

John

Other Forenames:

Gender:

Male

Date of Birth:

05 July 1972

What Is the Relationship Between
Customer and This Person?

Other

Partner to:

Dependant of:

ADDITIONAL DETAILS OF PERSON WHO LIVES IN CUSTOMER HOUSEHOLD

Receiving Benefit?

Yes

Work More Than 16 Hours Per
Week?

No

Any Money Coming In?

No

Total Gross Income:

Does Person Normally Live With
Customer?

Yes

Where Does Person Usually Live?

Date Joined Household:

10 October 2009

Expected Date of Leaving:

18 November 2009

Occupation:

Other

Start of Academic Year:	<input type="text"/>
End of Academic Year:	<input type="text"/>
Is Person in Legal Custody?	<input type="text" value="No"/>
Legal Custody Start Date:	<input type="text"/>
Legal Custody End Date:	<input type="text"/>
Is Person Registered Blind?	<input type="text" value="No"/>
Is Person Severely Mentally Impaired?	<input type="text" value="No"/>
Is Person in Hospital?	<input type="text" value="No"/>
Hospital Admission Date:	<input type="text"/>
Hospital Expected Date of Discharge:	<input type="text"/>

DETAILS OF PERSON WHO LIVES IN CUSTOMER HOUSEHOLD

Surname or Family Name:	<input type="text" value="Tomlinson"/>
First Name:	<input type="text" value="Adam"/>
Other Forenames:	<input type="text"/>
Gender:	<input type="text" value="Male"/>
Date of Birth:	<input type="text" value="07 July 1970"/>
What Is the Relationship Between Customer and This Person?	<input type="text" value="Relative"/>
Partner to:	<input type="text"/>
Dependant of:	<input type="text"/>

ADDITIONAL DETAILS OF PERSON WHO LIVES IN CUSTOMER HOUSEHOLD

Receiving Benefit?	<input type="text" value="No"/>
Work More Than 16 Hours Per Week?	<input type="text" value="Yes"/>
Any Money Coming In?	<input type="text" value="Yes"/>
Total Gross Income:	<input type="text" value="£350.00"/>
Does Person Normally Live With Customer?	<input type="text" value="Yes"/>
Where Does Person Usually Live?	<input type="text"/>

Date Joined Household:	<input type="text"/>
Expected Date of Leaving:	<input type="text"/>
Occupation:	<input type="text" value="Apprentice"/>
Start of Academic Year:	<input type="text"/>
End of Academic Year:	<input type="text"/>
Is Person in Legal Custody?	<input type="text" value="No"/>
Legal Custody Start Date:	<input type="text"/>
Legal Custody End Date:	<input type="text"/>
Is Person Registered Blind?	<input type="text" value="No"/>
Is Person Severely Mentally Impaired?	<input type="text" value="No"/>
Is Person in Hospital?	<input type="text" value="No"/>
Hospital Admission Date:	<input type="text"/>
Hospital Expected Date of Discharge:	<input type="text"/>

Hospital

Hospitalised in a National Health Service hospital currently, in previous 52 weeks, or within next 3 months?

Other Benefits

Receiving or waiting to hear about any benefits/credits/allowances?

Has Carer's Allowance stopped in last 3 months?

Is anyone caring for customer?

Edward Hall
BB186001A

Is anyone caring for customer's partner?

No

CUSTOMER OTHER BENEFITS/CREDITS/ALLOWANCES

Reference Number:

Benefit Type:

Carer's Allowance

Benefit Sub-Type:

Status:

Claimed and Entitled/Received

Start Date:

21 April 2008

End Date:

10 November 2009

End Reason:

Next Payment Date:

Pay Day:

Total Amount Received:

£53.00

Payment Frequency:

Benefit Claimed Under Another Name/ Address?

No

Entitled to Carer Allowance But Not Receiving It Due to Receipt Of Another Benefit?

Other Benefit Verification:

V

DETAILS OF PERSON BEING CARED FOR BY CUSTOMER

Surname or Family Name of Person Cared for:

Smith

First Name of Person Cared for:

Paula

National Insurance Number of Person Cared for:

AA333333A

Address of Person Cared for:

Flat 32, Bombay House
59 Bombay Street
AVON

BA1 1XX
England

Other Benefits Continued

Is anyone else getting extra money added to their benefit for customer?

No

Is anyone else getting extra money added to their benefit for customer's partner?

No

Employment

Employed or self employed on or after the date from which customer is claiming?

Yes

PARTNER EMPLOYMENT STATUS

Employment Status:

Employee

PARTNER EMPLOYER'S DETAILS

Name:

Oxfam

Telephone Number:

0161 666666

Fax Number:

0161 636363

Email Address:

fanshop@hotmail.com

Address:

Gateway House
Gateway South
Avon

BA1 1XX
United Kingdom

Contact Name:

Doreen Wilson

Contact Number:

0161 777777

PARTNER CURRENT EMPLOYMENT INFORMATION

Job Title:	Shop Assistant
Employed in Specialist Occupation?	No
Staff/Payroll Number:	5569
Department:	Book Department
Number of Contracted or Average Hours Worked in a Week:	7
Number of Hours Currently Worked in a Week:	30
Number of Hours Currently Worked in a Week Verification:	V
When Did Partner Start Working Reduced Hours?	27 October 2008
Is Employment Temporary?	No
Employment Start Date:	27 October 2008
Employment End Date:	27 October 2009
Date Last Worked?	27 October 2009
Expected Return to Work Date Known?	
Expected Return to Work Date:	

PARTNER EMPLOYMENT PAYMENT DETAILS

Paid For Absence?	No
Payment Amount:	
Payment Frequency:	
Paid For Current Work?	No
Payment Frequency	
Method of Payment:	
Net Pay:	
Earnings Verification:	
Weekly Hours Worked:	
Last Pay Rise:	

Next Pay Rise:	<input type="text"/>
Any Unpaid or Voluntary Work?	<input type="text"/>
Reason For Unpaid Work:	<input type="text"/>
Any Expenses For Unpaid or Voluntary Work?	<input type="text" value="Yes"/>
Expenses For Unpaid or Voluntary Verification:	<input type="text"/>
Directly Involved in Trade Disputes?:	<input type="text" value="No"/>

UNPAID OR VOLUNTARY WORK EXPENSES

Expense Item:	<input type="text" value="Dinner"/>
Expense Amount:	<input type="text" value="£50.00"/>

Education and Training

Attending or have attended a full time course of education, training or apprenticeship in the last 4 years?	<input type="text" value="No"/>
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Abroad

Ever lived or worked abroad (excluding holidays)?	<input type="text" value="No"/>
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Non State Pension

Received or waiting to receive any income from pension, permanent health insurance, compensation or lump sum payment?	<input type="text" value="No"/>
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Has customer paid or is customer paying into a pension plan?

No

Customer pension plan amount:

Customer pension plan frequency:

Has partner paid or are they paying into a pension plan?

No

Partner pension plan amount:

Partner pension plan frequency:

Savings and Investments

Have savings and investments?

No

Approximate total:

Have savings and investments been greater than £5500 in the six months before the date of claim?

No

Other Property

Own/share or jointly own/share any other property or land in this country or abroad?

No

Sold any property or land other than where customer has lived in the 6 months prior to claiming from date?

No

Other Income

PARTNER OTHER INCOME DETAILS

Income Type:	
Amount:	£200.00
Frequency:	Annually
Start Date:	
End Date:	
Other Income Verification:	NV

Housing Details

CUSTOMER LOCAL AUTHORITY DETAILS

Local Authority Name:	BATH & NE SOMERSET BOROUGH COUNCIL
Local Authority Address:	PO Box 2797 BATH BA1 1WF

CUSTOMER HOUSING COST DETAILS

Does Customer or Partner Own the Property Customer Lives In?	No
Rental Costs?	Yes
Living with Parents, Relatives or Friends as Part of Their Family?	
First Name of Head of Household:	
Other Forenames of Head of Household:	
Surname or Family Name of Head of Household:	
Relationship to Customer:	

Crown or Long Term Tenancy:

No

CUSTOMER HOUSING BENEFIT/COUNCIL TAX BENEFIT

Currently Receiving or in Process
of Claiming Housing Benefit?

No

Currently Receiving or in Process
of Claiming Council Tax Benefit?

No

CUSTOMER PREVIOUS PARTNER OR OTHER PERSON CONTRIBUTIONS

Previous Partner or Anyone Else
Pays Towards Customer's Liability
of Housing Costs?

No

Amount:

Frequency:

Date Last Paid:

CUSTOMER SHARED HOUSING COSTS

Housing Costs Shared?

No

CUSTOMER SERVICE CHARGES

Service Charges?

No

Service Charge Amount:

Service Charge Frequency:

Service Charge Verification:

CUSTOMER BUSINESS RATES

Part of Home Rated as Business?

No

Percentage Rated as Business:

Date Property Rated as Business:

HOUSING BENEFIT MORE HOUSING COST DETAILS

Does Customer and/or Partner Pay
Rent on the Whole Property?

Yes

Name of the Person Liable for
Paying the Rent:

Gender of the Person Liable for
Paying the Rent:

Customer Rents From:

Housing Association

If Other, Rents From:

Does Customer and/or Partner
Rent Garage Parking Space as
part of Tenancy Agreement?

No

Anything Else Included in the
Rent?

No

RENT INCLUSION DETAILS

Rent Inclusion Details:

Cleaning of Windows

Amount:

£2.50

Frequency:

Monthly

Rent Inclusion Details:

Water Authority Charges

Amount:

£12.50

Frequency:

Monthly

TENANCY DETAILS

Tenancy Type:

Assured Short Hold

Tenancy Start Date:

15 September 2007

Date of Customer Moving in:

15 September 2007

Date of Partner Moving in:

15 September 2007

Date When Customer / Partner
Became Liable for Paying Rent:

15 September 2007

Rent Amount:

£400.00

Rent Frequency:

Monthly

OTHER RENT DETAILS

Has the Rent Been Registered as
Fair Rent By The Rent Officer?

No

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Does Customer or Partner Not Pay
for a Certain Number Weeks?

Yes

Number of Weeks for Which the
Rent Does Not Have to be Paid:

2

Is Customer or Partner Behind
With the Payment of Rent?

No

Number of Weeks Behind With the
Payment of Rent:

RENT CHANGE DETAILS

Date Rent Due to Change

01 April 2009

LANDLORD DETAILS

First Name:

Bath Properties

Last Name:

.

Business Address:

19 Smith Road

BATH

BA9 9ZZ

United Kingdom

Telephone Number:

01555 555999

Relationship:

No relationship

LANDLORD AGENT'S DETAILS

First Name:

Bath Properties

Last Name:

.

Business Address:

19 Smith Road

BATH

BA9 9ZZ

United Kingdom

Telephone Number:

01555 555999

Relationship:

No relationship

PROPERTY DETAILS

Property Type:	Flat in Block
Furnishing Type:	Unfurnished
Property Has Central Heating?	Yes
Property Has Garden?	No
Property Has Garage?	Yes
Property Has a Parking Space?	No
Number of Floors You Occupy in the Building?	1
Customer / Partner Occupies the Whole Building?	No
Floor on Which the Customer Lives:	Other
Floor Number on Which the Customer Lives:	2
Is This the Entry Floor?	
Where Does the Customer Live in the Building?	Front

ROOMS IN CUSTOMER BUILDING

Room Type:	Bathroom
Number of Rooms of This Type in Customer's Building:	1
Number of Rooms of This Type Just For Customer:	1
Number of Rooms of This Type That Customer Shares with Other People:	0
Room Type:	Bedroom
Number of Rooms of This Type in Customer's Building:	2
Number of Rooms of This Type Just For Customer:	2

Number of Rooms of This Type
That Customer Shares with Other
People:

0

Room Type:

Living Room

Number of Rooms of This Type in
Customer's Building:

1

Number of Rooms of This Type
Just For Customer:

1

Number of Rooms of This Type
That Customer Shares with Other
People:

0

COUNCIL TAX BILL DETAILS

Who Receives the Council Tax Bill
for the Place Where the Customer
/ Partner are Staying In?

Partner

Last Name:

First Name:

Council Tax Reference Number:

1002365

Care Home

Live in residential
accommodation?

No

Previous Housing Benefit/Council Tax Benefit

Claimed Housing Benefit
before?

No

Claimed Council Tax Benefit
before?

No

Method of Payment

METHOD OF PAYMENT DETAILS

Method of Payment Type:

Direct Payment

Bank Sort Code:

20 99 99

Account Number:

20009999

Building Society Code:

Roll Number:

Account Name:

Carl Major

Bank / Building Society Name:

Barclays