

Office stamp

Our phone number is

Code	Number	Ext
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Textphone users with speech or hearing difficulties call

Code	Number
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If you get in touch with us, tell us this reference number

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Date

	/		/	
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We need more information

Please answer all the questions on this form. Then read and sign **Your declaration**. Send it back to us no later than on / / .
Do not delay sending in your claim form. If you wait, you could lose money.

About other people who live with you

We need to know about all the people who usually live with you and your partner.

Do not tell us about people who just share a hall, bathroom or toilet with you.

We use *partner* to mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

Do any adults usually live with you and your partner?

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

No

Yes

Please tell us about them on the next page.

If there are more than two people, use a separate sheet of paper to tell us all the information we ask for and send it with this form.

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

Please turn over ►

We need more information continued

First person

Second person

Surname or family name

Other names

Date of birth

Their relationship to you or your partner

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.

Do they get Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance or Pension Credit?

No

Yes

No

Yes

Do they get Disability Living Allowance or Attendance Allowance?

No

Yes How much?

 a week

No

Yes How much?

 a week

Are they registered blind?

No

Yes

No

Yes

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

No

Yes Tell us which.

No

Yes Tell us which.

Do they pay rent or money for board and lodgings to you or your partner?

No

Yes Tell us about it below.

 a week

No

Yes Tell us about it below.

 a week

Does this include money for food?

No

Yes

No

Yes

Does this include money for heating?

No

Yes

No

Yes

Are they severely mentally impaired?

No

Yes

No

Yes

Are they in legal custody at the moment?

No

Yes When are they expected to come out?

No

Yes When are they expected to come out?

We need more information continued

First person

Second person

Are they in hospital at the moment?

No

Yes Tell us about it below.

When did they go in?

When are they due to come out (if you know)?

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

No

Yes Tell us their earnings before any deductions.

We need to see proof of their earnings.

Do they have any other income at all?

Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.

No

Yes Tell us about it below.

1 Where does this income come from?

How much is it before deductions?

2 Where does this income come from?

How much is it before deductions?

3 Where does this income come from?

How much is it before deductions?

We need to see proof of their income.

No

Yes Tell us about it below.

No

Yes Tell us their earnings before any deductions.

We need to see proof of their earnings.

No

Yes Tell us about it below.

We need to see proof of their income.

We need more information continued

Are any of the people who normally live with you married to each other, civil partners, or living together as if they are married or civil partners?

We call these people *partners*.

No

Yes Tell us their names below.

is the partner of

is the partner of

Declaration

- I **declare** that the information I have given on this form is correct and complete.
- I **understand** that if I give information that is incorrect or incomplete you may take action against me. This may include court action.

Signature

Date

Full name
(in CAPITAL
LETTERS)