

**For OFFICIAL USE only**

Date Requested .....  
Date Issued .....  
Originating Office.....  
Claim Reference.....

Name .....

Address.....  
.....  
.....

Postcode.....

**Where can you take your form or get help?**

**Thornbury One Stop Shop**  
Thornbury Library  
St Mary Street  
Thornbury  
BS35 2AA

**Kingswood One Stop Shop**  
Civic Centre  
High Street  
Kingswood  
BS15 9TR

**Yate One Stop Shop**  
Kennedy Way  
(access via West Walk)  
Yate  
BS37 4DQ

**Patchway One Stop Shop**  
Rodway Road  
Patchway  
BS34 5PE

**Opening Hours**  
Monday to Wednesday  
8.45am to 5.00pm  
Thursday and Friday  
8.45am to 4.30pm

**Or you can post your form and supporting documents to:**

South Gloucestershire Council  
Chief Executive & Corporate  
Resources Department  
PO Box 300, Benefit Service  
Civic Centre, High Street  
Kingswood, Bristol BS15 0DS  
Some Housing Associations  
can accept your form on our  
behalf. Contact your Housing  
Office to find out.

# Housing benefit and council tax reduction application form

Please use a **BLACK PEN** and **CAPITAL LETTERS** when filling out this form

**NOTE:**

To help us process your application quickly, please make sure that your form is fully completed, signed and all supporting documents (see checklist) are with it.

We can only accept **ORIGINAL** documents as proof. We cannot accept any photocopies. Please do not send valuable items such as passports in the post.

**You must return this form to us straight away even if you do not have all the supporting documents we have asked for. If you delay in sending it, you could lose benefit.**

If any of the information cannot be sent in with the form, please tell us why in the notes section on part 13, page 25.

If you or your partner, (if you have one), do not have a National Insurance Number, you will need to apply for one, by completing a DCI 1LA form at the local Job Centre.

Date received (**For OFFICIAL USE only**)

**Please answer every question on the form and enclose the following ORIGINAL documents for you and your partner (if you have one)**

<p><b>Proof of National Insurance Number</b> (for new claims only)</p>	<ul style="list-style-type: none"> <li>• Such as P45 or P60 from last employer</li> <li>• Printed wage slips</li> <li>• Letter from DWP/Job Centre</li> <li>• Letter from Revenues and Customs</li> <li>• Occupational pension slip</li> <li>• NINO Card</li> </ul>
<p><b>Proof of Identity</b> (for new claims only)</p>	<p>In addition to one item from the list above, at least one further item for each of you;</p> <ul style="list-style-type: none"> <li>• Up-to-date photographic driving licence</li> <li>• Passport</li> <li>• Utility bill, bank statements</li> <li>• We can also accept birth or marriage certificates divorce papers, medical card</li> </ul>
<p><b>Pensions or Allowances</b> (for example Disability Living Allowance)</p>	<ul style="list-style-type: none"> <li>• Current award letters from DWP or other pension provider</li> <li>• Tax credits letters from Revenues and Customs</li> <li>• Bank statements showing awards</li> </ul>
<p><b>Proof of Earnings including Self-Employed earnings</b></p>	<ul style="list-style-type: none"> <li>• Latest payslips MUST be consecutive. (5 weekly or 3 fortnightly or 2 monthly payslips)</li> <li>• Detailed letter from your employer</li> <li>• Certificate of Earnings</li> <li>• Most recent accounts</li> <li>• Self-employed earnings form for self-employed earners – ask us for this if you need one</li> </ul>
<p><b>Proof of Bank Accounts, Savings and Investments</b></p>	<ul style="list-style-type: none"> <li>• Bank, Building Society and Post Office account statements/pass-books for the last 2 months (fully itemised and up to date)</li> <li>• For all other investments and capital, please provide certificates or other supporting documentation</li> </ul>
<p><b>Proof of all income for Non Dependants</b></p>	
<p><b>Proof of Payments to a Registered Child Minder</b></p>	<ul style="list-style-type: none"> <li>• Last two months receipts and child minder's Local Authority registration number</li> <li>• Proof of other Child Care costs</li> </ul>
<p><b>Proof of Student status &amp; course details</b></p>	
<p><b>Proof of Rent</b></p>	<ul style="list-style-type: none"> <li>• Proof of Rent form completed by your landlord (page 29 of this form)</li> <li>• Tenancy Agreement</li> </ul>

**Are you:** (Please tick one box)

- Private Tenant
  B&B/Hostel Tenant
  Owner Occupier  
 Housing Association Tenant
  Other
  Second Adult Rebate

**Second Adult Rebate**

You may get Second Adult Rebate if you are of State Pension Credit age and you share your home with a person who is:

- not your partner or civil partner
- aged 18 or over
- not paying you rent
- not paying Council Tax themselves
- on a low income

Second Adult Rebate **If claiming second Adult Rebate complete parts 1,3,14,15 and 16**

# PART 1: About you and your partner (If you have one)

Do you have a partner who normally lives with you?

Yes  No

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

	YOU	YOUR PARTNER (if you have one)
Last Name	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>	<input type="text"/>
Any other names Title (Mr, Mrs, Miss etc)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	

Date you & your partner moved to this address	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Daytime Telephone Number	<input type="text"/>	<input type="text"/>
Mobile Number	<input type="text"/>	<input type="text"/>
Your email Address	<input type="text"/>	<input type="text"/>
If you have moved in the last 12 months, tell us your last address	<input type="text"/>	<input type="text"/>

Tell us whether you were the home owner, tenant or lodger at this old address

Have you or your partner claimed Housing Benefit before?  
Yes  No  Yes  No

If you are claiming 2nd Adult Rebate please go to part 3

Note: please provide proof of National Insurance Number and Identification as per the checklist on page 2

**YOU**

**YOUR PARTNER** (if you have one)

If yes when did your claim end?

What was the address you claimed for?

What is your nationality?

Have you or your partner come to live in England, Scotland, Northern Ireland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

Yes  No

Yes  No

Are you eligible to claim benefit in the U.K?

Yes  No

Yes  No

What date did you last come to live in the U.K?

Are you or your partner in hospital?

Yes  No

Yes  No

If Yes, when did you go in?

When do you expect to come out of hospital? (if you know this)

Do you or your partner receive Disability Living Allowance (DLA)?

Yes  No

Yes  No

If yes, which component is received? ( please tick )

DLA Care Lower rate

Yes  No

Yes  No

DLA Care Middle rate

Yes  No

Yes  No

DLA Care Higher rate

Yes  No

Yes  No

DLA Mobility Lower rate

Yes  No

Yes  No

DLA Mobility Higher rate

Yes  No

Yes  No

**Note: we will write to you if we need further information about your answers**

**YOU**

**YOUR PARTNER** (if you have one)

Do you or your partner receive Personal Independent Payments (PIP)?

Standard rate Daily Living Element Yes  No

Yes  No

Enhanced rate Daily Living Element Yes  No

Yes  No

Standard rate Mobility Element Yes  No

Yes  No

Enhanced rate Mobility Element Yes  No

Yes  No

Do you or your partner receive Attendance Allowance? Yes  No

Yes  No

Does anyone get Carers Allowance for looking after you or your partner? Yes  No

Yes  No

Are you or your partner registered blind? Yes  No

Yes  No

Are you or your partner expecting a baby? Yes  No

Yes  No

If yes what is the expected date of delivery

Are you or your partner a student? Yes  No

Yes  No

What level of qualification (degree, HND, NVQ etc) are you studying for?

How many hours a week do you study?

Are you or your partner in prison (legal custody)? Yes  No

Yes  No

If yes, when did this start?

What date will you / they be released?

Do you or your partner have an overnight carer? Yes  No

Yes  No

Name of the carer

If necessary, we will write to you for further information

**Note: we will write to you if we need further information about your answers**

## PART 2: About children

**Tell us about your (and your partner's) children. Only include those children who normally live with you and who are:**

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

**Are there any children in your Household?**

**No**  Go to part 3      **Yes**  Answer below

	Child 1	Child 2	Child 3
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>
How is the child related to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they receive Disability Living Allowance, PIP or are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay child care costs for this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the child carer registration number?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay for their childcare each week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

**Note: we must see evidence of your child benefit and childcare costs, please see the checklist on page 2 to see what you can use**

**Child 4****Child 5****Child 6**

Last Name

First Name

Date of Birth

Gender

How is the child related to you?

Who gets the Child Benefit?

Do they receive Disability Living Allowance, PIP or are they registered blind?

Yes  No Yes  No Yes  No 

Do you pay child care costs for this child?

Yes  No Yes  No Yes  No 

What is the child carer registration number?

How much do you pay for their childcare each?

£ £ £ 

If you want to tell us about more than 6 children please add them in the notes section on page 25 and tick this box

If you have more than one child care provider per child please state the registration number(s) and the weekly child care cost for each child on page 25.

**Note: we must see evidence of your child benefit and childcare costs, please see the checklist on page 2 to see what you can use**

# PART 3: About other people who live with you

**Do any adults live with you and your partner?**

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

Some examples are daughter, brother, friend, joint tenant, joint owner.

**No**  Go to part 4      **Yes**  Answer below

	First Person	Second Person	Third Person
Last Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First Names	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Gender	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
National Insurance number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Their relationship to you or your partner?	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Do they normally receive:

Income Support	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Income-Based Job Seekers Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Income-Related Employment Support Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Guarantee pension credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a full time student, student nurse, care worker, apprentice or on youth training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they in prison /legal custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Note: you will need to supply evidence if they are receiving any of the above incomes or are a student – please see checklist on page 2 for what we can accept**



**First Person****Second Person****Third Person**

If yes when did they go in?

When is their date of release?

Are they in hospital at the moment?

Yes  No Yes  No Yes  No 

If yes when did they go in?

When will they come out?

Do they work?

Yes  No Yes  No Yes  No 

If yes how many hours?

If yes tell us their earnings

£ £ £ 

Do they have any other income/benefit?

Yes  No Yes  No Yes  No 

If yes what is it?

Weekly amount

Note: you will need to supply evidence if they are receiving any of the above income please see checklist on page 2 to see what we can accept.

Are any of the people normally living with you:

Married?

Yes  No 

Living together as if married?

Yes  No 

In a Civil Partnership?

Yes  No 

Living together as if in a Civil Partnership

Yes  No 

If yes, who?

and

and

If you want to tell us about more than 3 people please add them in the notes section on page 25 and tick this box

## PART 4: State benefits and pensions

**Are you or your partner receiving or waiting to hear about any benefits you have claimed.**

**No**  Go to part 5

**Yes**  Answer below

	Yes	No	Waiting to hear	You	Your Partner	When did you claim
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Income-Related Job Seekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Income-Related Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guarantee Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contribution-Based Job-Seekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contribution-Based Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pension Credit Savings Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?**

**No**  Go to part 5

**Yes**  Tell us below

Amount	Yes		No	Your Amount	Your Partners
	Waiting to hear				
Carers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardians Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industrial Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industrial Injuries Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maternity Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retirement Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Disablement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
War Disablement Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
War Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
War Widows Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Widows or Widowers Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note: we must see evidence of any income that you have declared above - please see the checklist on page 2 to see what we can accept**

## PART 5: Working for an employer

### Are you or your partner working for an employer

**No**  Go to part 6      **Yes**  Answer questions

#### FIRST JOB

What is your employers name and address?

#### YOU

#### YOUR PARTNER (if you have one)

When did you start this job?



How often do you get paid?



How much do you get paid?  
(Before deductions)



How are your wages paid?  
(ie, BACS, cash, cheque)



How many hours a week do you work?



Do you get Statutory Sick Pay (SSP)?

Yes  No

Yes  No

If yes how much?



When did this payment start?



Do you get Statutory Maternity Pay (SMP)?

Yes  No

Yes  No

If yes how much?



When did this payment start?



Do you get Statutory Paternity Pay (SPP)?

Yes  No

Yes  No

If yes how much?



When did this payment start?



Do you get Adoption Pay?

Yes  No

Yes  No

If yes how much?



**Note: we must see evidence of any income that you have declared above - please see the checklist on page 2 to see what we can accept**

## Second Job

What is your employers name and address?

When did you start this job?

How often do you get paid?

*weekly/2 weekly/monthly/4 weekly*

*weekly/2 weekly/monthly/4 weekly*

How much do you get paid?  
(Before deductions)

£

£

How are your wages paid?  
(ie, BACS, cash, cheque)

How many hours a week do you work?

Are you currently getting any other pay?

Yes  No

Yes  No

If yes how much?

And what for?

## PART 6: About being self employed

Are you or your partner self employed?

Yes  No

Yes  No

Are you or your partner a Company Director?

Yes  No

If yes, Company Name

**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 other proof of your income. We will write to you about this.**

When did you start being self employed

How many hours per week do you normally work?

What kind of work do you do?

**Note: we must see evidence of any income that you have declared above - please see the checklist on page 2 to see what we can accept**

## PART 7: About other money

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

**Yes**  You  Your partner       **No**  You  Your partner

This includes; maintenance or child support for you, your partner or your children, payments from a Charity or Trust Fund, Training Allowances, Student Grant or Student Loan, Educational Maintenance Allowance, Private Pensions and Annuities.

### Money Coming In

Where does this money come from?  Who gets it?

How much do you get?  £ How often?

Where does this money come from?  Who gets it?

How much do you get?  £ How often?

### Lodgers, Boarders and Sub-Tenants

Do you or your partner get rent from people living with you who are not members of your family?

Yes  No       Yes  No

What are their names?

How much rent do you receive?  £

How often?

**If you have additional income - please tell us in part 13 on page 25**

### Money Going Out

Do you or your partner pay towards your son or daughter going to university or college?

Yes  No       Yes  No

If Yes how much and who is it for?

**Note: we must see evidence of money coming in and money going out before we decide how much you are entitled to**

## PART 8: About bank accounts, savings and investments and trust funds

**Please list below details of all accounts you and your partner hold (even if overdrawn)**

### **Bank, Building Society & Post Office Accounts**

(you must provide details of all accounts you and your partner hold)

	YOU	YOUR PARTNER
Who is the Account held with? eg Barclays, Halifax, Post Office	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of account holder(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Account Number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Current Balance	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>
<hr style="border: 1px solid #008000;"/>		
Who is the Account held with? eg Barclays, Halifax, Post Office	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of account holder(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Account Number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Current Balance	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>
<hr style="border: 1px solid #008000;"/>		
Who is the Account held with? eg Barclays, Halifax, Post Office	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of account holder(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Account Number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Current Balance	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>
<hr style="border: 1px solid #008000;"/>		

**Note: we must see evidence of all your savings declared above – please go to checklist on page 2 to see what we can accept**

**YOU**

**YOUR PARTNER**

Who is the Account held with? eg Barclays, Halifax, Post Office

Name of account holder(s)

Account Number

Current Balance

£

£

If you or your partner have more accounts please add them in the notes section on page 25 and tick this box

Premium Bonds Yes  No

Yes  No

If yes what is the value?

National Saving Certificates Yes  No

Yes  No

If yes provide

Issue Number

Value

How many

Stocks, shares, bonds or unit trust Yes  No

Yes  No

If yes provide

Company name

How many

Do you or your partner have any other capital, savings or investments? Yes  No

Yes  No

If yes please use this space to tell us about them

**Note: we must see evidence of all your savings declared above – please go to checklist on page 2 to see what we can accept**



Do you or your partner own or partly own any property, land or timeshare (not the home you live in) that is in this country or abroad? You must tell us even if you have a mortgage or loan for the property or land

Yes  No

What is the address?

How much is it worth?

If you have a loan or mortgage how much is left?

Does anyone live there?

Yes  No

If yes, who?

Do they pay rent to you or your partner?

Yes  No

If yes how much?

Do you receive any other income from this property/land or timeshare Yes  No

If yes, please give details

## PART 9: About where you live

Are you a joint owner or joint tenant?

Yes  No

If yes who with?

Do you own your home or have a mortgage?

Yes  **If yes please go to part 13** No

If you want to claim help with rent, have you owned the property you are claiming for within the last 5 years?

Yes  No

**Note: we will write to you if we need further details about the information you have put here**

## PART 10: About rent

If you own your property or are claiming Second Adult Rebate please go to part 13

When did you move to this address?

When did you start renting your home?

If you have not moved in yet, what date will you move in?

*Note: you must tell us when you have moved in, in writing*

How much is the rent charged for your home?

£

Is this?

Weekly

Two weekly

Four weekly

Monthly

What sort of tenancy do you have?

For example assured, regulated, assured shorthold

*Note: if you do not know it should tell you on your rent agreement*

When you moved in, was the property?

Furnished

Partly furnished

Minimally Furnished

Unfurnished

Does anyone else share the rent with you and your partner

Yes  No

If yes, what are their names?

Has your rent changed in the last 6 months?

Yes  No

**Note: we must see evidence of your rent before we decide how much you are entitled to.  
Please refer to the checklist on page 2 to see what evidence we can accept.**

When is your next rent increase due?

Has your rent been registered by the Fair Rent Service?

Yes  No  Don't Know

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

Yes  No

If yes, how many?

Are you in arrears with your rent?

Yes  No  If yes, by how much?

Who pays the Council Tax for your home? You/Partner  Landlord

### Does your rent include money for the following?

Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Which meal(s)	<input type="text"/>	
Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>
Water rates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>
Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>
Hot water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>
Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>
Cleaning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>
Gardening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>
Fuel for Cooking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>
Garage or Parking Space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>
Personal care or support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how much	£ <input type="text"/>	every <input type="text"/>

Any other Service charges in your rent

Yes  No

If yes please give details of type of charge, amount and frequency

**Note: we must see evidence of your rent before we decide how much you are entitled to.  
Please refer to the checklist on page 2 to see what evidence we can accept.**

**What sort of building do you live in? (tick one)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Detached House      | <input type="checkbox"/> Flat in a House | <input type="checkbox"/> Hotel            |
| <input type="checkbox"/> Semi-Detached House | <input type="checkbox"/> Flat in Block   | <input type="checkbox"/> Board & Lodgings |
| <input type="checkbox"/> Terraced House      | <input type="checkbox"/> Flat over Shop  | <input type="checkbox"/> Hostel           |
| <input type="checkbox"/> Studio Flat         | <input type="checkbox"/> Room            | <input type="checkbox"/> Bungalow         |
| <input type="checkbox"/> Maisonette          | <input type="checkbox"/> Shared Room     | <input type="checkbox"/> Caravan          |
| <input type="checkbox"/> Mobile Home         | <input type="checkbox"/> House Boat      |   |

Any other (please give details)

**Tick which floor you live on**

Other

Third

Second

First

Ground

Basement

**Where do you live?**

- Front
- Middle
- Back
- Whole house

**Other information**

- Is there central heating? Yes  No
- Have you got use of a garage? Yes  No
- Who decorates your home? You  Landlord

Number of rooms (You must complete each box)

**In the property**

**That you share with others**

**Just for you and your family**

Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bed Sit Rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Living Rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom	<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"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note: we must see evidence of your rent before we decide how much you are entitled to. Please refer to the checklist on page 2 to see what we can accept.**

## PART 11: About you and your landlord

What is the name and address of your landlord?  
By landlord we mean the person or organisation who owns the property you live in

What is your landlord's phone number?

If you rent from a private landlord please tell us where they live, if different from above

If your landlord uses an agent please tell us the agent's full name and address

What is the agent's phone number?

Are you, your partner or children related to your landlord, agent or their partners?

Yes  No

Related includes related through marriage even if the marriage has ended, some examples are ex-father-in-law, ex sister-in-law etc

If Yes what is their relationship?

Does the landlord live in the same property as you?

Yes  No

Have you or your partner ever owned this property?

Yes  No

If Yes,

What date did you or your partner's ownership end?

Reason for change of ownership?

**Note: please provide proof of National Insurance Number and Identification as per the checklist on page 2**

## PART 11A: Method of payment

**Local Council Tax Reduction** will be awarded to your Council Tax account and you will be sent a new bill.

### Housing Benefit

If you rent from a **Housing Association** you have a choice of either payment going to your bank or building society account or your landlord's bank or building society account but you must let us know which option you choose below.

If you rent from a **Private Landlord** housing benefit will be paid into your bank or building society account under the Local Housing Allowance scheme. If you do not have a bank account we can advise you how you can open one.

I am a Housing Association Tenant and I would like payments to go **to my landlord**, their bank details their bank details are on page 35.

I am a Housing Association Tenant and I would like payments to go **to me**, my bank details are on page 35.

#### Private Tenants only:

We must make payments to your landlords if you have 8 weeks or more rent arrears and we can make payments to your landlord if you are unable to manage your finances or it would help you to get or keep this tenancy (please indicate if this applies to you) **(Note: For direct payments to your landlord detach the form on Page 35 and ask them to complete and return)**

I have 8 weeks rent arrears or more

It would help me to get or keep this tenancy

I am unable to manage my finances  
(please complete part 11C and supply evidence)

**Note: For direct payments to your landlord detach the form on Page 35 and ask them to complete and return**

## PART 11B: Landlord declaration form

Please pay my Housing Benefit straight to my landlord. I understand that:

- I must always tell you straight away if my circumstances change.
- If I do not tell you about a change in my circumstances I may be prosecuted
- If you pay me too much Benefit because I did not tell you about a change in my circumstances I may have to pay back the extra benefit.

### You

Your signature

Full Name (in CAPITALS)

Date

### Your Partner (if you have one)

Your partner's signature

Full Name (in CAPITALS)

Date

Your landlord must sign this agreement to accept Housing Benefit payments, this is only where:

- you have 8 weeks or more rent arrears
- you are unable to manage your finances

### Landlord

I agree to accept Housing Benefit payments for the above named tenant and I understand that by law:

- I must tell you straight away if I find out about any change in circumstances for my tenant
- I can be prosecuted if I accept Housing Benefit that I know I am not entitled to
- You can stop paying Housing Benefit to me if I do not tell you about any changes in circumstances
- If you pay me too much Housing Benefit for any tenant I must repay it
- You can take overpaid Housing Benefit from the payment I receive for other tenants and this will not affect their rent

Landlord's signature

Date

**Note: If you want us to pay Benefit directly to your landlord you both must sign this declaration**

## PART 11C: Vulnerability

We need to know if you are potentially vulnerable so we can take into account your circumstances when we deal with your benefit claim. We may be able to pay your Housing Benefit direct to your Landlord.

By paying my housing benefit direct to my landlord it would help me with this tenancy

I do not consider myself to be vulnerable

I have learning difficulties that make it difficult for me to manage my finances

I have a mental health problem or medical condition that makes it difficult for me to manage my finances

I have problems speaking and understanding English and there is no one to help me

I have a disability or health problems which makes it difficult to manage my finances

I am coping with addiction e.g. alcoholism, gambling or substance abuse

I am fleeing domestic violence

## PART 12: Sharing information agreement

Sharing information with your landlord may help us deal with your claim more quickly. We may need to ask your landlord for some details before we can make a decision such as the start date of your tenancy. The Data Protection Act 1998 requires us to have your permission to contact your landlord, except where fraud is suspected.

### If you give us permission, we will be able to tell your landlord:

- You have claimed Benefit
- We have made a decision on your claim
- We have made a payment to you

### We will not tell your landlord:

- Your personal or household circumstances
- Your financial circumstances

You can withdraw your permission at any time

If you do not want us to talk to your landlord, it will not affect your claim.

If you are happy for us to discuss it with your landlord please sign below.

**I give South Gloucestershire Council permission to share information about my claim for Housing Benefit with my landlord or their nominated representative.**

Signature

Date



## PART 13: Anything else you need to tell us?

Please use this space to tell us anything else you think we need to know, for example, request for Dual Housing Benefit. You can use a separate sheet of paper if you need to. Tell us how many extra sheets you have used and attached to the form in this box

If you have used extra sheets please tell us how many  and attach them to this form

## PART 14: Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they may sign the form, but they do not have to do so.

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

- I declare that the information I have given on this form is true and complete.
- I know that I must let you know straight away, in writing, about any changes in my circumstances, which may affect my claim.
- I understand that if I give information that is incorrect or incomplete you could take action, including prosecution, against me.
- I understand that you may use the information I have given on this form to prevent and detect fraud and that information may be shared with other bodies responsible for auditing and administering public funds.
- I agree that you can make any enquiries about me, where appropriate, that you think are necessary.
- I agree that you will use the information provided to process my claim for Housing Benefit or Local Council Tax Reduction.
- I understand that if I get too much Housing Benefit I will have to pay it back.
- I understand that I must pay Council Tax instalments in accordance with the most recent bill issued.
- I understand that you may use information I have provided in connection with this and any other claim for social security benefits that I have made or may make in the future.
- I understand that if benefit is paid direct to my landlord and a dispute arises over the amount paid, you may have to disclose details of my claim and any subsequent correspondence to my landlord, their representative and a court or appeal tribunal.
- I understand that you may let me know about other Benefits that I may be able to claim.
- I have read and understood the above declaration.

Signature of person claiming

Partner's signature

Date

Date

If this form has been filled in by someone other than the person claiming benefit please tell us why you are completing the form on their behalf.

Name of person who filled in the form

Signature

Date

Telephone

#### Data Protection and Information Sharing Notice:

No personal information you have given us will be passed on to third parties for commercial purposes. The Council's policy is that all information will be shared among officers and other agencies where the legal framework allows it. We are the data controller for the information on this form for the purposes of the Data Protection Act We occasionally use Market Research companies to undertake surveys on our behalf to help us improve service delivery. If you do not wish your information to be used in this way please tick this box

## PART 15: Backdating

In most cases we will award Housing Benefit from the Monday after the date we receive your form. Sometimes we can award benefit from an earlier date if you have good reason for not sending us your form earlier. If you want us to award your Benefit from an earlier date please supply supporting evidence and tell us what date you want to claim from and why you did not send us the form earlier.

Please note that claims for Council Tax Reduction will not be backdated in any circumstances.

**Date you want Benefit from**

Please tell us why you did not send your form in earlier?

## PART 16: Checklist

Please tell us what evidence you are sending in with this form. We must see original documents, not copies. We do not return documents unless they are valuable, e.g. bank statements, share certificates etc, or if you have asked us to send them back to you.

Have you answered every question? Have you enclosed the following ORIGINAL documents for you and your partner (if you have one)?	Yes	To Follow
<b>Proof of National Insurance Number (for new claims only)</b> P45 or P60 from last employer. Printed wage slips. Letter from DWP/Job Centre. Letter from Revenues and Customs. Occupational pension slip. NINO card.		
<b>Proof of Identity (for new claims only)</b> - In addition to one item from the list above, at least one further item for each of you. Up-to-date driving license, Passport, Utility bill, bank statements. (We can also accept birth or marriage certificates, divorce papers, medical card).		
<b>Pensions and Allowances</b> - Current award letters from DWP or other pension provider. Tax credits letters from HMRC.		
<b>Proof of earnings including self employed earnings</b> Pay slips MUST be consecutive (5 x weekly or 3 x 2-weekly or 2 x monthly latest pay slips) detailed letter from your employer, certificate of earnings, most recent accounts, bank statements, Proforma for Self-Employed Earners - (ask us for this if you need one)		
<b>Proof of Savings and Investments</b> - Bank, Building Society and Post Office account statements/pass-books for the last 2 month's (For all other investments and capital, please provide certificates or other documentation)		
<b>Proof of all income for all Non Dependents</b>		
<b>Proof of Child Benefit and any other income and/or savings for all Dependents</b>		
<b>Proof of payments to a Registered Child minder</b> - Last two months receipts and child minders Local Authority registration number		
<b>Proof of student ID and course details</b>		
<b>Proof of rent</b> A current tenancy agreement, letter from your landlord/agent, fully completed and recently updated rent book/card.  <i>(The document needs to confirm your rent and any service charges you pay, the date you moved in, and whether you are a joint tenant. It also needs to be signed by you and your landlord)</i>		

**Note: make sure you have signed the declaration on page 26**

# Proof of rent form

If you do not have a current tenancy agreement, letter from your landlord/agent or a fully completed and recently updated rent book/card your landlord can complete this form as proof of rent. Please detach and return this form to: South Gloucestershire Council, Chief Executive & Corporate Resources Department, PO Box 300, Benefit Service, Civic Centre, High Street, Kingswood, Bristol BS15 0DS

Name of Tenant

Address of Property

Date Tenancy Began

Date tenant moved in

Amount of rent charged

Monthly  Four weekly  Weekly  Fortnightly

Date of last rent increase?

Is tenant more than 8 weeks in arrears?

Yes  No  If yes How many weeks?

Are any of the following services included in the rent you charge? If yes, how much do you charge for each service (if applicable)?

Type of Service included	Yes	No	How much?
Heating			
Lighting			
Hot water			
Water charges			
Council Tax			
Fuel for cooking			
Cleaning of rooms and windows			
Emergency Alarm			
Counselling and support			
Medical/Personal care			
TV/Satellite/Cable			
Garage			
Washing machine for use by tenant			
Laundry done for tenant			
Other (give details)			

Do you provide meal(s)?

Yes  No  Which meal(s)?

## Proof of rent form *contd.*

If you do not have a current tenancy agreement, letter from your landlord/agent or a fully completed and recently updated rent book/card your landlord can complete this form as proof of rent.

All details are to be completed by the Landlord

Full name of Landlord

Business Address of Landlord

Home Address (if no business address)

Relationship to tenant or anyone in household

All details to be completed by Landlord's Managing Agent (if applicable)

Name of Agent

Business Address of Agent  
Relationship to tenant or anyone in Household

Landlord's name

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### Declaration

I declare that, to the best of my knowledge and belief, the information I have given on this form is true and complete. I understand that to give false information may result in action being taken against me.

Signed

Full Name

Address

Date

# Benefits services equalities survey

Please take a few moments to answer the following questions. This information will be used to review the services provided by South Gloucestershire Council to ensure that we deliver the best possible service to our customers.

<b>Ethnic Origin</b>	Asian/Asian British - Bangladeshi	<input type="checkbox"/>	Black/African/Caribbean/Black British - Other	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>
	Asian/Asian British - Indian	<input type="checkbox"/>	Gypsy or Traveller of Irish Heritage	<input type="checkbox"/>	White - Other	<input type="checkbox"/>
	Asian/Asian British - Pakistani	<input type="checkbox"/>	Mixed Multiple ethnic groups - White & Asian	<input type="checkbox"/>	White - Polish	<input type="checkbox"/>
	Asian/Asian British - Chinese	<input type="checkbox"/>	Mixed/Multiple ethnic groups - White & Black African	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
	Asian/Asian British - Other	<input type="checkbox"/>	Mixed/Multiple ethnic groups - White & Black Caribbean	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
	Black/African/Caribbean/Black British - African	<input type="checkbox"/>	Mixed/Multiple ethnic groups - Other	<input type="checkbox"/>		
	Black/African/Caribbean/Black British - Caribbean	<input type="checkbox"/>	White-English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>		

<b>Gender</b>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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<b>Do you consider yourself to be disabled?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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If yes please tell us if this affects the way that you use Council Services.

<b>Sexual Orientation</b>	Bisexual	<input type="checkbox"/>	Gay Woman/Lesbian	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Gay Man	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

<b>Religion/Belief</b>	Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
	Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Any other religion (please state)	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

<b>Transgender</b>	Is your gender identity the same as the gender you were assigned at birth?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Do you live & work full time in the gender role opposite to that assigned at birth?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Thank you for taking the time to complete this part of the form. This data will be used for statistical purposes and may be shared with other departments throughout the Council. Your answers will be treated with the strictest confidence and kept separate from the main benefit form, where you have provided your name and address. Your responses will be collected and used fairly and lawfully, to comply with the Data Protection Act 1998

## General Information

Please tear off and keep the following pages for your own information



# General information

## What happens next?

When you have filled in the form make sure you have read and understood the declaration in Part 13 and sign it. You can post the form to us or take it to any of our One Stop Shops (details on page 1).

We will work out your entitlement and write to you telling you how much you will get, when it will start and how long it will last. It is important that you check all the details and if you disagree with anything you should write to us within one month of the date of our letter so that we may look at your claim again.

If you are entitled to Housing Benefit, we will send it to your bank or building society account, (if you do not have one contact us and we will be able to advise you).

If you pay Council Tax, we will use your entitlement to reduce your charge and then send you a new Council Tax bill.

You have a right to an explanation of how we have worked out your entitlement. You can ask us to look at your case again and to appeal to the Tribunal Appeals Service if you're still not satisfied.

## Proof you must send us

You must send us proof of what you have told us to receive benefit. Details of what we will accept are listed in Part 2 and Part 16 of the form

Please do not delay sending your form back to us if you do not have all the items we need. Send the form to the address on the front or bring in your form to the One Stop Shop and let us know that you have more information to send us. You will then have one calendar month to send in the proof we need.

You must provide original documents to prove the details you have given. Without these we will not be able to award benefit/reduction.

## Checking your entitlement

We will check your benefit from time to time. We may write to you, visit you or phone you to make sure you are getting the right award. If you do not respond to our enquiries we may suspend or cancel your entitlement.

## Changes in your circumstances

You must tell us about any changes in writing immediately. If you do not tell us of any changes that occur, you may lose your entitlement. If your Housing Benefit changes as a result, then any overpaid Benefit will be recovered. If your Local Council Tax Reduction is amended you will receive a revised bill.

Changes you must tell us about include:

- If any of your children leave school or home.
- If anyone moves in or out of your home, including lodgers and subtenants.
- If you or anyone living with you starts work.
- If your income or the income of anyone living with you, including benefits, changes.
- If your or your partner's savings or investments go up or down.
- If you have a child.
- If you move (this includes moving to another flat or room at the same address).
- If you or your partner go into hospital or prison.
- If your rent changes.
- If anything you have told us about changes.

This is not a full list - if you are not sure ask us for advice.

**It is a criminal offence to deliberately not tell us about any change in your circumstances. Remember - you will have to repay any overpaid housing Benefit.**

## General information *contd.*

### You can contact us

In writing, to: South Gloucestershire Council  
Chief Executive & Corporate  
Resources Department  
PO Box 300  
Benefit Service  
Civic Centre  
High Street  
Kingswood  
Bristol BS15 0DS

By Telephone: **01454 868002**

By Email: **[housingbenefit@southglos.gov.uk](mailto:housingbenefit@southglos.gov.uk)**

Visiting our website:  
**[www.southglos.gov.uk](http://www.southglos.gov.uk)**

Visit a **One Stop Shop** and speak  
to a customer service officer at:

#### **Thornbury One Stop Shop**

Thornbury Library  
St Mary Street  
Thornbury BS35 2AA

#### **Kingswood One Stop Shop**

Civic Centre  
High Street  
Kingswood  
Bristol BS15 9TR

#### **Yate One Stop Shop**

Kennedy Way  
(access via West Walk)  
Yate BS37 4DQ

#### **Patchway One Stop Shop**

Rodway Road  
Patchway BS34 5PE

### Opening Hours

Monday to Wednesday  
**8.45am to 5.00pm**  
Thursday and Friday  
**8.45am to 4.30pm**

### Additional Services We Offer

#### **Community Benefit Officer**

Community Benefit Officers help to make claiming Housing Benefit and Council Tax Reduction easier for the residents of South Gloucestershire. To make an appointment with a Community Benefit Officer contact us by telephone or visit a One Stop Shop.

#### **Home Visits**

If you are unable to get to one of our offices we will visit you in your home.

To arrange an appointment please telephone 01454 868002.

#### **Welfare Advice**

If you need advice on other benefits you can speak to our Welfare Team.

Telephone: 01454 865245

Email: [welfareadvice@southglos.gov.uk](mailto:welfareadvice@southglos.gov.uk)

TYPE TALK FRIENDLY

### Independent Advice Available

#### **Pension Service**

Telephone: 0845 6060265

[www.directgov.co.uk](http://www.directgov.co.uk)

#### **Department for Work & Pension**

Telephone: 0845 6088597

[www.dwp.gov.uk](http://www.dwp.gov.uk)

#### **Citizen's Advice Bureau**

Telephone: 0870 121 2019

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

#### **South Gloucestershire Welfare Advice Partnership**

[www.welfareadvicepartnership.co.uk](http://www.welfareadvicepartnership.co.uk)

#### **Orchard and Shipman**

Housing advice line: 0117 203 3007

[www.orchard-shipman.com](http://www.orchard-shipman.com)

South Gloucestershire Council can now make Housing Benefit payments directly into your or your landlord's bank/building society account via the BACS system.

Advantages of being paid by BACS are:

- BACS allows us to make payments more quickly and securely.
- You have the money available to you on the day it arrives in your account.
- You will not have to wait for your cheque to clear.
- The possibility of cheques being delayed, lost or stolen is removed.
- You will save yourself the time and trouble of paying cheques in the bank
- You will continue to receive a schedule detailing payments

In order that your landlord receives payments by BACS ask them to detach this page and complete their details before returning it to the address listed below or alternatively they can fax it back on 01454 868420.

If you have indicated that you want payments to go into your account then please enter your details below and return the whole form to the address given.

Your Full Name or Company Details:

Name of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

Building Society Account Roll Number

Your Full Postal Address

Your Address: .....

.....

.....

Post Code: .....

Telephone number: .....

Email: .....

Landlord Reference (if Known) .....

Name & Address of your Bank or Building Society

Name of Bank/Building Society:

.....

Address:.....

.....

.....

Post Code: .....

Banks/Building Societies may refuse to accept BACS payments for some types of accounts; please check to make sure that your account can receive BACS payments.

Please return this form to:

**South Gloucestershire Council**  
**Chief Executive & Corporate Resources Department**  
**PO Box 300**  
**Benefit Service**  
**Civic Centre**  
**High Street**  
**Kingswood**  
**Bristol BS15 0DS**

Signed ..... Date .....

#### ENGLISH

If you would like this information in a different format, for example: Braille, audio tape, large print, computer disk, BSL or community languages, please contact: 01454 868009.

#### ALBANIAN

Në qofte se kete informacion do ta donit ne nje format të ndryshem, për shembull, ne alfabetin per te verberit ,audio kasete, me shkroja të medhaja, disk kompjuterik apo në gjuhen e komunitetit ju lutem kontaktoni Tel: 01454 868009.

#### BENGALI

আপনি যদি এই তথ্যাবলী বিভিন্ন রূপে চান, উদাহরণস্বরূপ : ব্রেইল, অডিও টেপ, বড় প্রিন্ট, কম্পিউটার ডিস্ক বা গৌণীয় ভাষাগুলিতে, তাহলে অনুগ্রহ করে এর সাথে যোগাযোগ করুন টেলি : 01454 868009.

#### CHINESE

如果你需要以不同形式取得這資料,例如,盲人凸字,聲帶,大號字,電腦碟或社區語言,請聯絡: 電話: 01454 868009.

#### GUJARATI

જો તમારે આ માહિતી અન્ય રીતે મેળવવી હોય, ઉદાહરણ તરીકે: બ્રેઇલ, સાંભળવાની ટેપ, મોટા મુદ્રણ, કોમ્પ્યુટર ડીસ્ક અથવા અન્ય ભાષાઓમાં, તો મહેરબાની કરીને 01454 868009 ઉપર ફોન કરો.

#### HINDI

यदि आपको यह जानकारी किसी और रूप में चाहिये जैसे कि: ब्रेल, ऑडियो टेप पर, बड़े प्रिन्ट में, कम्प्यूटर डिस्क पर य समुदायिक भाषाओं में, तो कृपया संपर्क करें टैलिफोन नम्बर: 01454 868009.

#### KURDISH

ئەگەر تۆ ھەز ئەھەکی ئەم زانیاریانەت بە شیوازی تر ھەیتت بۆ نموونە: نووسینی چاپی بۆ کۆنران، شریت، نووسینی گەرە، دیسکی کۆمپیوتەر، یان بە زمانە کۆمەڵایەتیەکان تکایە پەییوہنی بکە بەم ژمارەوہ 01454 868009.

#### POLISH

Niniejsze informacje dostępne są również w innym formacie, na przykład wydrukowane pismem Braille'a, wydrukowane dużą czcionką, zapisane na dysk komputerowy lub przetłumaczone na języki obce. W celu uzyskania kopii zadzwoń na numer: 01454 868009.

#### PORTUGUESE

Se quiser esta informação num formato diferente, por exemplo em Braille, audiocassete, letra de tamanho grande, disco para computador ou numa língua comunitária, por favor telefone para 01454 868009.

#### PUNJABI

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਢੰਗ ਵਿੱਚ ਚਾਹੀਦੀ ਹੋਵੇ, ਉਦਾਹਰਣ ਦੇ ਤੌਰ ਤੇ, ਬਰੇਲੀ, ਸੁਨਣ ਵਾਲੀ ਟੇਪ, ਵੱਡਾ ਛਪਾ ਜਾਂ ਕੰਪਿਊਟਰ ਡਿਸਕ ਜਾਂ ਕਿਸੇ ਹੋਰ ਕੰਮਿਊਨਿਟੀ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੀਦੀ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 01454 868009 ਤੇ ਸੰਪਰਕ ਕਰੋ।

#### SOMALI

Hadii aad rabto warkan oo si kale u yaala, sida isagoo ku duuban cajalad maqal ah ama cajalada koombiyuutarka ama ku qoran far waaweyn ama farta indhooleyaasha (Braille) ama ku qoran afkale fadlan lasoo xidhiidh Tel: 01454 868009.

#### URDU

اگر آپ کو یہ معلومات مختلف شکلوں مثلاً بریل، آڈیو ٹیپ، بڑے لفظوں، کمپیوٹر ڈسک یا دوسری زبانوں میں چاہئے تو براہ کرم ٹیلیفون نمبر 01454 868009 پر رابطہ کریں

#### VIETNAMESE

Nếu quý vị muốn lấy tài liệu này trong một hình thức khác, ví dụ, bằng chữ nổi, thu băng, in nét lớn hay đĩa computer, hay bằng bất cứ một ngôn ngữ cộng đồng nào, xin liên lạc với số điện: 01454 868009.