# Victoria Forms

# **Benefits Forms Catalogue**



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# Introduction—About Us

Established in 2003, Victoria Forms is a leading provider of intelligent, web-based electronic forms software and workflow solutions. Our eForms solutions can be used within an organisation or made available to external users, applicants or claimants via the Cloud or server-based infrastructure. Our software is currently being used with **over 75 Local Authorities in the United Kingdom**.

# **Standard Benefits Form Library**

Our standard Victoria Forms Benefits Form Library is continuously growing. This catalogue showcases our current **36 standard benefits** forms in our standard benefits forms library.

# **Standard Form Pages**

All of our eForms contain a Status and System Page (front and back pages).

Someone who is completing a form will always see the Status Page as the first page. The Status Page has one main function, to draw information from a database about the Local Authority for which the form is being completed. This page displays any relevant information as decided by the Local Authority; such as opening hours, contact details and how to complete the online form. This information is which can be set within our 'branding' files, and is fully customisable for anything that the local authority wishes to add to the start page of their forms.

The System Page will never be seen by anyone completing the form or by anyone at the Local Authority; this page simply acts as our control page to set the intelligence within the form.

# **Back Office Integration**

In administering forms, data collected is often manually keyed into a back-office system. With Electronic forms, the wastefulness of having to key information twice is being addressed – back-office systems are increasingly opening up to receive data electronically. Some of our Benefits Forms (Change of Circumstances and the Main Claim form) are already set up for back office integration straight into Capita, Civica and Northgate.



# Accommodation Details

Application to inform the Local Authority about an individual's accommodation details. Includes: where they are living and how much they are paying to live there.

Page 2 Your Details	
Accomodation Details Form	
THIS SECTION MUST BE COMPLETED BY ALL HOUSING B ANSWERED. If all details are not provided your claim will be delayed	ENEFIT CLAIMANTS. ALL QUESTIONS MUST BE
Benefit Claim No.	
Prop Ref No.	
Surname:	
Other Names	
Address	
Postcode	
Telephone number	
Email Address	
How much rent are you charging for the property?	
How often?	
Date tenancy began	
Date moved in	
Date tenancy due to end	
If this has changed in the last 12 months, please enclos	e proof of rent, e.g. your lease.
Do you wish payments to be made direct to your lanlord No	
Yes	
Has your rent been registered with the Rent Office?	
Yes	
Are you or anyone who lives with you related to your land No	ord?
Yes	

### This form is comprised of sections on:

- The person completing the form
- Rent paid
- In depth details of the property they are living in, including how many rooms and floors etc.
- How the applicant would like
   their benefit paid
- Declaration

Length: 4 pages

**Declaration:** Signature

Some Local Authorities using this form: Wigan, Basildon, Scarborough

## **Additional Bedroom Overnight Carer**

Application for an increase in Housing Benefit where a property has a room for a carer to sleep in when they are providing overnight care to someone in the property.

#### This form is comprised of sections on:

- The person completing the form
- The person receiving overnight care
- Benefits received
- Is the bedroom just for carer?
- Carer Details including start date and time spent
- Extra Information Section
- Declaration

### Length: 2 pages

### Declaration: Signature

Page 2 - Additional Bedroom for Overnight Care

Please Note: This applies to Private Tenants, Co	uncil Tenants and Housing Association Tenants
Title Surname Other Name(s) In Respect of (Address)	
Postcode Claim Reference	
1. Please give the name of the person requiring and receivi Surname Other Name(s)	ng overnight care:
Please Note: The additional bedroom provision can only apply where requiring or receiving overnight care.	- · · ·
Disability Living Allowance (Care Component) at the High or Middle Rate (not Low Rate) Attendance Allowance	
Please confirm, by ticking the box, that there is a bedroom s that the bedroom is not used by anyone else: Confirm	specifically set aside for the use of an overnight carer and
<ol> <li>Please give the name of the overnight carer, or carers, or carers, and their address. We also require written confirmat Surname</li> </ol>	ion from the care provider outlining the care provided.
Other Name(s) Address	Victoria
	Forms

# Appeals / Scottish Appeals

Use these forms to submit an appeal against a Housing Benefit or Council Tax Reduction (formerly Council Tax Benefit) decision.

<ul> <li>What would you like us to do? Please tick <u>one</u> of the following</li> <li>Send you a statement of reasons We will send you a full written explanation of our decision within 1 calendar month.</li> <li>Look at your claim again We will look at your claim again and revise our decision if we think it is wrong. We will aim to do this within 1 calendar month.</li> <li>Refer your case to the Tribunals Service We will look at your claim again and if we cannot change it, we will forward your pay Service. If this is the case, we need a handwritten signature from you. You will need return it by post. If you do not have access to a printer we will issue you with a copy HM Courts and Tribunal Service is an agency of the Ministry of Justice and is wholly take several weeks for your case to be heard.</li> </ul>	to print this form and sign it and of the form to sign.
<ul> <li>These forms are comprised of sections on:</li> <li>What is being appealed against? (Housing Benefit</li> </ul>	Length: Both forms are 3 pages in length
or Council Tax Reduction or Both)	Declaration: Checkbox
Date of decision appealing against	Some Local Authorities using this form:
Action the Council should take	St Albans, Tower Hamlets, ARP, Basildon,
• The person completing the form	SRP, Harrogate, Medway, Scarborough, Wigan
• If the applicant is being helped to make the appeal	Wigan
• A large amount of space to say why the applicant thinks the decision is wrong	
Declaration	
Extra Information Page	
About the Decision Please state which decision you are Housing Benefit Council appealing against. Date of the letter about the decision	Tax Reduction 🔲 Both
Your Request/Appeal ■ Use this space to say why you do not agree with the HB/CTR F decision. ■ You must say why you think the decision is wrong.	Ref No: Victoria Forms
	Forms



# **Authority to Disclose**

Authority to Disclose Form used to provide personal details held third parties to the Council.

### This form is comprised of sections on:

- The person completing the form
- Declaration

### Length: 1 page

**Declaration:** Signature

# Some Local Authorities using this form:

Fareham, Scarborough

Page 2	Authority to Disclose Inform	
	** Your Counc	II Name **
In Confidence	Authority to Disclo	se Information
l hereby authorise a	n officer of The Council to see any documents	that you have about my financial affairs.
Please give them ar	y information they need.	
Name and Address	of Claimant	Director of finance and resources
Title		
Surname		Claim Ref:
Other names		
Address		
	Postcode	
Telephone number		
Email address		
Signature		
Date		
Date		

## **Backdating**

Housing Benefit and/or Council Tax Reduction is normally awarded from the Monday after the day you made your claim. However, sometimes councils can pay from an earlier date. There must be a 'good' reason why the claimant has not claimed sooner, and a maximum of 6 months can be backdated.

	Council Tax Benefit and Housing Benefit Backdating Explanatory Notes
	Genefit or Council Tax Benefit you are entitled to will normally start from the Monday following your Jy for Benefit.
	enefit schemes make provision for claims to be backdated, and in certain circumstances we may treat a claim a: from an earlier date.
	provision we must be satisfied that there are exceptional circumstances and that you have shown good reasons claim earlier, which lasted continually throughout the period until the claim was actually made.
he burden of p	roving good cause rests with you but we must examine all the relevant facts in each individual case.
Claim can on	ly be backdated for a maximum of six months (working age) and three months (pension age).
	What To Do Now

### This form is comprised of sections on:

- **Explanatory Notes**
- Details of person completing the form
- Reason why they want it backdated
- Declaration

Page 3 Backdating Benefit Form		
Backdating Council Tax Benefit and Housing Benefit Form		
If you wish to apply for backdated benefit, please use this form.		
You MUST apply in within six weeks of the date of the b		
Surname		
Other Names		
Title Address		
Address		
Postcode		
National Insurance Number		
Telephone Number		
Email address		
l wish to apply for my Housing Benefit/Council Tax Benefit to be backdated to (Date)		
The reason for this is as follows		
The reason for this is as follows		
Length: 2 pages		

**Declaration:** Signature or Checkbox

### Some Local Authorities using this form: ARP,

Wigan, SRP, Luton, Tower Hamlets, Scarborough, St Albans, Wycombe





# **Bank Account Details**

This form allows users to complete their bank account details for any Housing Benefit they may be entitled to.

Page 2 Bank Ace	count Details	
** Your Council Name **		
Housing and	Council Tax Benefit - Account Details Form	
Surname		
Other names		
Title		
Telephone number		
Address		
Postco de		
Email address		
Payment into an account		
What name or names is the accoun	t in?	
Please tick one box only to say wha	t type of account you want your money paid into. Then fill in the details of the	
account.		
	count or bank deposit account - not a mortgage account	
Name of bank or building society		
Branch Sort code		
Account number		
Type of account - for example, a de	posit or current account	
Building society savings account - Name of bank or building society	not a cheque or mortgage account	
Account number		
Sort code		
Roll number		
National Savings Bank investment a	account - not an ordinary account	
Account number		
Sort code		

### This form is comprised of sections on:

- The person completing the form
- Name account is in
- Details of either;
  - Bank or Building Society Account
  - Building Society Account
  - National Savings Bank
- Declaration

Length: 1 Page

**Declaration:** Signature or Checkbox

**Some Local Authorities using this from:** ARP, SRP, Wyre Forest, Scarborough, Wycombe

Vork and Pensions or the Employment
turning it to the relevant office

# **Certificate of Benefits**

This form is a complete record of the benefits received by an individual completing the form, and how often they receive each of the benefits .

### This form is comprised of sections on:

- The person completing the form
- Declaration
- Details of benefits received, date they started and date they will end, and weekly amount received.
- Declaration

### Length: 1 Page

**Declaration:** Signature or Checkbox

### Some Local Authorities using this from: Scarborough



# **Certificate of Earnings**

If a claimant is unable to provide their payslips they can ask their employer to complete a Certificate of Earnings.

Page 2	
Housing and Council	Tax Benefit - Certificate of Earnings
Private and Confidential	
Use this form if you, your partner, or any other adu Please return the completed form to:	It who lives with you cannot provide payslips for their work.
To be filled in by the employee Title	
Sumame	
Other names	
Address	
Postcode	
Email address	
Telephone number	
Employee or works number	
National Insurance number	
Claim Reference if known	
Your job	

### This form is comprised of sections on:

- Employee Details
- Pay Details (completed by their employer)

### Length: 1 page

**Declaration:** Signature (completed by employer)

### **Some Local Authorities using this from:** ARP, Fareham, St Albans Scarborough, Medway

# **Change of Address**

This form is to be completed if someone has or is moving house, within, into or out of the district to let the Council know as soon as possible. We have **two** versions of this form. They have the same content but one is in landscape view.

### These forms are comprised of sections on:

- Applicant/Applicant's partner old/new address details
- Other occupants
- Location details
- About rent
- Change in circumstances details
- Backdating benefit
- Declaration
- Evidence checklist
- How payments are made
- Bank details
- Landlord payment agreement (print and sign)
- End of form page (Checkbox only)

### Length: 12 pages

### **Declaration:** Checkbox

Which floor/s do you live on? Please tick the box/boxes that apply to you)	Attic
	Third Floor
	First Floor
	Ground Floor
-	Basement
low many rooms are there in your property?	In the whole Just for you and That you share building your household with other people
Living rooms	
Bedsitting rooms	
Bedrooms	
Bathrooms or shower rooms	
Toilets	
Kitchens	
Other rooms	
to you use your home for business?	No 🗌 Yes 🗔
o you have a main home somewhere else? your main home is somewhere else in the UK or abroad, elect the <b>Yes'</b> option, even if you do not pay rent for it.	No 🗌 Yes 🗌 Tell us about it below.
elect the 'Yes' option, even if you do not pay rent for it.	What is the address?
	Postcode
Do you pay rent on your main home?	No 🗌
	Yes How much?

Some Local Authorities using these forms: ARP, Medway, SVP, Waveney, Ashford, SRP, Basildon, Castle Point, Scarborough, Wandsworth,

Fareham, St Helens, Fife, Luton, St Albans, Welwyn Hartfield Change in Circumstances Form to allow Council Tax Reduction/Housing Benefit claimants to notify Local Authorities of any change to their circumstances. The Changes We have three versions of a Change in Circumstances form. Page 2 CHANGE OF CIRCUMSTANCES FORM 1. Short Change in Circumstances First name Housing Benefit Referen No. (if known): Postcode Your daytime phone number ce No : This form is comprised of sections on: mail address Details of person completing the form Agynan has mered into or ou of your hanne (include logistra and subtenants). Your income, or the income of anyone living with you, has damaged. This includes changes to benefits and data What with the subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from What subtenance income anyone living with you are going to be away from what subtenance income anyone living with you are going to be away from what subtenance income anyone anyon Checkbox for the change in circumstance You, or anyone king with you has varied and a motific many a motific many and started work. Large information box for what u, or someone living with you, have started or pped getting any state benefit. Anything you have told us about has changed. Please give more details in the box below. Length: 1 page has changed his is not a full list soplease ask us for advice if you are not sure. You must tell us about any changes in writing on thin orm - a phone call is not enough. Do not rely on someone else to pass the message on. If you do not tell us about any hanges, you may joe somery you are entided so or we may say you to not uch oreneth. It is an offenen to tal tell sabout ny changes that may affect your benefit. We may take court action against you and, if we pay you too much benefit, you ill probably have to pay ta back. probably have to pay a uses. ase tell us whose circumstances have changed. Please tell us when they changed **Declaration:** Signature Declaration

u need to be the claimant of a current Housing Benefit or Council Tax Reduction Scheme cla m \*\* Your Council Name \*\* in order to complete this form. u completing this form on behalf of someone else? Yes No ant's Title aimant's First Name(s) iown, enter your Housing Benefit / Yes No te - If you are reporting that a partner has recently Yes No moved in, please answer NO to this question. Do you have a partner who normally lives with you? If you don't know your NI number, or cannot find it, tick Contact Information at is your telephone number? at is your email address? et is your mobile telephone number?

Length: 5 pages **Declaration:** Signature or

Checkbox

### 2. Regular Change in Circumstances

### This form is comprised of sections on:

Please tell us what has changed.

- **Guidance Notes**
- Checkbox for the change in circumstance

What change in circumstances do you need to tell us about?

A partner has moved in or moved out of the household (including the death of a partner)

A child / children have moved in or moved out of the household (including the birth of a new baby and death of a child)

The income of someone else in the household has changed Your capital (savings / investments) has changed

Your partner's capital (savings / investments) has changed There has been a change to your rent or landlord at your current address

You would like your payments to be made to a new / different bank account.

An edult / adults (other than a partnership) have moved in or moved out of the household (including the death of an adult) A member of the household will be temporarily absent from the property (for example, a stary in hospital, read-hold care or prison)

ou are changing address

Your income has changed

You have become a student

Your partner has become a student

Other / none of the above options

Your partner's income has changed

- Details of person completing the form
- Changes
- Declaration

### 3. Advanced Change in Circumstances

### This form is comprised of sections on:

- Checkbox for the change in circumstance
- In depth sections to complete details on all possible . changes
- Additional Forms
- Summary of answers given
- Checklist of evidence
- Declaration

Length: 37 pages **Declaration:** Checkbox

### Some Local Authorities using these forms:

ARP, Medway, SVP, Waveney, Ashford, SRP, Basildon



than one change in circumstance to report)



# **Change of Tenant**

Between tenants, the owner is liable for Council Tax and it is the owner, landlord or letting agents' responsibility to notify the Local Authority of any change in tenancy within 21 days.

### This form is comprised of sections on:

- Details of the Landlord
- Details of the property
- Details of the Current Tenants
- Details of the New Tenants
- Details of the New Owners
- Declaration
- Extra Page

Length: 4 pages

### **Declaration:** Signature

**Some Local Authorities using this form:** St Albans, Inverclyde, Scarborough

Page 2		
Land	ord Change of Tenant Notification Form	
Part 1 Landlord Details		
Full name		
Address		
	Postcode	
Telephone	Landlord Reference	
Email		
Part 2 Property Details		
Address of property:		
	Postcode	
Housing Benefit reference number		
Part 3 Current Tenant's D	etails	
Current tenant's name: Title	Forename(s)	
Sumame		
Forwarding address:		
	Postcode	
Exact date tenancy ceased:		
is this change due to the tenant passing away?	No 🗌	
toniani passang anagi	Yes If yes, date of death:	
Part 4 New Tenant's Details		
New tenant's name:	Person 1 Person 2 Person 3	
Title		
Forename(s)		
Surname		

Winchester City Council				
Housing and Council Tax Benefit Confirmation of Childcare Payments				
Fill in the top part of this form and give it to your Childcan Surname or family name	re Provider to fill in the remainder			
Other names				
Title				
Address, including room number if you have one.				
Postcode				
Your email address				
Your daytime phone number				
Date				
Claim Number				
To be filled in by Childcare Provider				
How many children?				
Name of Child/Children				
Business name				
Business address				
Postcode				
Registration number				
Phone number				
confirm the information given is true and complete Name				
Position in firm				
Date				

# **Confirmation of Childcare**

Form for applicants or their partners who work full -time and pay child-minding costs to a registered child-minder, a registered nursery or play-scheme, or an after-school club.

### This form is comprised of sections on:

- The person completing the form
- Declaration
- Child-minding dates/hours and charges filled in by the Child-minder
- Business Address
- Child-minders declaration

### Length: 1 page

Declaration: Signature (Parents and Child-minder)

Some Local Authorities using this form: ARP, SRP, Scarborough, St Albans



# **Discretionary Housing Payment**

A Discretionary Housing Payment (DHP) could help top-up housing benefits if applicants are facing hardship, including if they have been affected by housing benefit changes.

### This form is comprised of sections on:

- 2 Pages of Guidance Notes
- The person completing the form
- Details of circumstances
- The household income, expenditure, debts / arrears, repayment of debts, capital
- Extra Page
- Declaration
- Form Completion Page

Length: 12 pages

### **Declaration:** Signature or Checkbox

Page 4 - Main Form Discretionary Housing Payment Applic	cation Form
About You	
Title	
The	
Sumame or Family name	
Other Names	
Benefit Claim Number/ Ref	
Address, inlcuding room number if you have one	
Postcode	
Email Address	
Telephone Number	
Mobile Number	
Mobile Number	
Have you been told that your Housing Benefit Award has b	een, or will be reduced for any of the following reasons:
Your landlord is the council or a housing association and you have been told that you are over-accommodated (this is often referred to as a bedroom tax)	
<ul> <li>You have been affected by the changes to the Local Housing Allowance Provisions (If you are unsure the Housing Benefity service will be able to give you more information.)</li> </ul>	
<ul> <li>You have been told that your Housing Benefit will be reduced because the total amount of state benefits you are recovering is too high. (This is known as the overall benefit cap).</li> </ul>	
None of the above apply to me.	

# Discretionary Housing Payment and Exceptional Hardship Payment

This form allows claimants to apply for DHP and EHP at the same time.

Page 7 - Main form Discretio	nary Housing / Exceptional I	Hardship Paym ent Application Form			
Use our calculator to convert amounts to weekly and monthly values for household income:					
Amount	Frequency	Weekly amount Monthly amount			
Your and	equals				
Do you have a partner who lives with you?	No 🗌				
	Yes 📃				
Household Income	You	Your Partner			
	Weekly Monthly	Weekly Monthly			
Wages / Salary - Gross					
Wages / Salary - Net					
Income Support or Jobseeker's Allowance					
Statutory Sick / Maternity Pay / Company Sick Pay					

### This form is comprised of sections on:

- 2 Pages of Guidance Notes
- Details of person completing the form
- Details of circumstances
- Details of household income, expenditure, debts / arrears, repayment of debts, capital
- Extra Information Page
- Declaration
- Form Completion Page

Length: 12 pages

**Declaration:** Signature or Checkbox

Some Local Authorities using these forms: Brentwood

# With requested amount

This form includes a section allowing claimants to input a requested amount to claim.

1. How much would you like to claim?

**Some Local Authorities using these forms:** ARP, Ashford, SRP, Basildon, Medway, Fife, Southwark, Reigate and Banstead, St Helens, Tower Hamlets



# **Direct Payment to Landlord**

Page 2	Paying benefit to your landlord form			
	** Your Council Name **			
Direct Payment to Landlord Form				
If you want us to pay your benefit straight to your landlord, you must sign this declaration.				
Your declaration				
Please pay my Housing Bene	ht straight to my landlord. ways tell you about any change in my circumstances.			
this, I may have to pay back	t tell you about any change in my circumstances and you pay me too much benefit because of < the extra benefit.			
,	prosecuted if I do not tell you about any change in my circumstances.			
Address	Postcode			
Sumame				
Other names				
Title				
Telephone number				
Em ail address				
Signature	Date			
Your landlord's declaration				
Surname				
Other names				
Company Name (if applicable)				
Address				
	Postcode			

Where Local Housing Allowance Scheme payments are normally made to the tenant, in certain circumstances Local Housing Allowance can be paid directly to the Landlord.

### This form is comprised of sections on:

- The person completing the form
- Declaration
- The Landlords Details
- Landlords Declaration

### Length: 1 page

Declaration: Signature or Checkbox

**Some Local Authorities using this form:** Scarborough, St Helens, St Albans

### **Declaration**

A Declaration that needs to be printed and signed by the claimant and the person completing the form (if different)

# **Financial Information Form**

This form can be used to submit income and expenditure details to the council for the purpose of making an offer for payment.

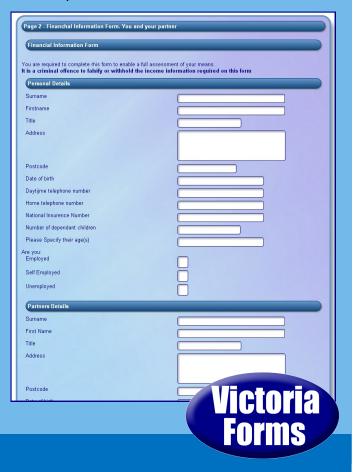
### This form is comprised of sections on:

- The person completing the form
- Employment Details
- Details of Partner
- Partners Employment Details
- Any other income, assets debts, expenses, loans/credit cards
- Declaration

Length: 3 pages

**Declaration:** Signature

### Some Local Authorities using this form: Medway



Page 2 Your Details				
Habitual Residence Test Questionaire				
Title				
Surname				
Other name				
Address				
Postcode				
Date:				
Ref:				
Telephone no				
Email address				
About your claim and the Habitual Residence Test				
- You told us on your claim form that you have come to the United Kingdom (UK) within the last 2 years. We need some more information to decide if you are habitually resident in the UK.				
When deciding if you are habitually resident, we look at things like:				
Why you have come to the UK     How long have you been here     How long you intend to stay here     Whether or not you have any links here.				
If you have previously lived in the UK we also look at why you left. The answers you give to the questions in this form will help us to decide if you are habitually resident.				
If you need help with this form If you need help with this form please get in touch with us.				
What to do next When you have filled in the form completely, press SUBMIT to send the form to us electronically				
What happens next When we receive the form we will use it to make a decision. If we need any more information we will get in touch with you.				
Part 1 EVERYONE MUST COMPLETE THIS PART				
What is your nationality?				
You are required to provide evidence to support this i.e. passnort	hith certificate, certificate from the Home Office confirming the			

This form can be used to gather more information about benefits claimants who have only been living in the UK for 2 years.

### This form is comprised of sections on:

- The person completing the form
- The move to UK
- Details about whether they have been to UK before
- Why the UK?
- Family and Move details
- Extra Information Space
- Declaration

Length: 5 pages

**Declaration:** Signature

**Some Local Authorities using this form:** SRP, Basildon, Luton, Scarborough, St Albans

# **Non-Dependants Rent and Tenancy**

This form allows non-dependants to inform their Local Authority of where they are living and how much they are paying.

### This form is comprised of sections on:

- The property the claimant lives in
- Details of rent
- Details about their landlord
- How they want to receive any benefits (if awarded)
- Extra Information Page
- Declaration
- Sharing Information with Landlord form
- Direct Payment to Landlord form

pages     De you own your home or have a merigage?     No     Go to the next question. Yes       Declaration:     No     Are yeu a council tenant?     No     Answer the questions below. Yes       Signature,     What sett of building de you live in?     Detached house     Flat in a house     Cara	ravan, mobile home 📄
Declaration:	
What sort of building do you live in? Detected haven Detected haven	
Signature Choose one box only	
Semi-detached Flat in a block House	
house	ard and lodgings
Maisonette Bedst or rooms Hote	tel 🗌
both Detached bungalow Studio flat Resi	sidential nursing 🛛 🗌
	sidential care home
claimant Other-give	
and Does your home have central No Does your home have central Yes D	
landlord.	
Does your home have a garage? No  Yes	
Some Local Dees your home have a parking No Dees your home have a parking Yes	
Authorities Has your home been built or odapted for people with disabilities?	
using this How many floors are there?	
by year and your hexethold accupy obly part of the building you have ticked?	
IOFM: At the front In the middle At t	t the back
St Albans	
Declaration	

 When the form data has been submitted to us, please print this page.

 Name of applicant

 Address for which claim is being made

 Postcode

 Even if someone has filled in this for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm that all the details about them are correct, but they do not have to sign.

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

 I understand that you may use any information , have marked that the information and that it.

# **Overlap Request**

This form can be used in circumstances where someone has moved into a new home, but still has to pay rent for their old property due to the landlord's notice period. Claimants can apply for Housing Benefit on both properties. Housing Benefit can be paid to cover a maximum four week notice period at the old property even if their dual liability exceeds that period.

Page 2	Section 1 - About you			
	** Your Council Name **			
Overl	ap Request - Payment for Rent on Two Properties			
Surname	Benefit reference number, if known			
First Name	Tenancy start date			
Title	Rent started from (give date)			
Address	Kent started from (give date)			
	Date moved to this address			
	Postcode Date the new tenancy was			
Telephone number	offered and accepted			
What is your email address:	2			
Section 2 - About previo				
Previous property address	Postcode			
Date moved out of property				
Tenancy end date	What was the contractual notice on this property?			
Have all of your personal No If not, please provide details below: members moved to the new Yes				
You must provide as much information as possible when answering the following question and proof must be provided of the rent you have paid				
I could not avoid having to pay rent for two properties because:				
I would be grateful if you allow me Housing Benefit to cover both rents during the overlapping period.				
Claimants Date Date				

### This form is comprised of sections on:

- The person completing form
- Address of the new property
- Address of the old property
- Dates the property was left and when tenancy ends
- Details of why they couldn't avoid paying rent
- Declaration

Length: 1 page

### **Declaration:** Signature or Checkbox

**Some Local Authorities using this form:** SRP, Scarborough, St Albans

### LHA to Landlord

Local Housing Allowance is normally payable to the tenant, in special circumstances it can be paid directly to the Landlord. This form allows Councils to decide whether this is possible under an individual's circumstances.

#### This form is comprised of sections on:

- The person completing the form
- About their circumstances
- Extra Information Space
- Declaration
- Landlord's Declaration

Length: 6 pages

**Declaration:** Signature or Checkbox

# **Some Local Authorities using this form:** Flintshire, St Helens Scarborough, Wigan

Page 3 - About Tenant	
APPLICATION FOR PAYMENT OF LOCAL HOUSING ALLO	WANCE DIRECT TO YOUR LANDLORD
About Tenant Title of the tenant	
Tenant's Sumame	
Tenant's other names	
Housing Benefit reference	
Tenant's address	
Postcode	
Telephone number	
s this form completed by someone other than the tenant? No	
Yes	
problems in paying your rent.	
Tell us about any medical conditions or disabilities that may cause you difficulties in pay your rent.	
Tell us about any mental health problems that may cause	
you difficulties in paying your rent.	
Are you dealing with an addiction to drugs, alcohol or gambling? If yes please give details.	
Are you dealing with an addiction to drugs, alcohol or gambling? If yes please give details.	Viotorio
Are you dealing with an addiction to drugs, alcohol or gambling? If yes please give details.	<b>Victoria</b> Forms

## **Pensioners**

A short claim form for people already claiming pensioners credit.

### This form is comprised of sections on:

- 1 page of guidance notes
- Personal Details
- Partner's Details
- Extra Information Page
- Declaration
- Evidence Checklist
- 2 pages of Evidence Details

Length: 9 pages

**Declaration:** Signature

Some Local Authorities using this form: ARP, SRP, Scarborough, Wyre Forest

Page 3 - Main Form	About you and your partner			
** Your Council Name **				
Housing Benefit and Council Tax Benefit for pensioners form				
This form can also be used for	claiming Second Adult Rebate			
Are you just claiming Second Adult Rebate only? No				
	Yes 🗌			
Do you have a partner who n		must answer all the questions about		
		must answer all the questions about ell as yourself.		
Part1 About you and	your partner			
Claim Reference number (if known)				
(a kilonity	You	Your partner		
Surname or family name				
Other names				
Any other names you have used				
Title				
Address, including room number if you have one				
Donot tell us your partner's address if it is the same as				
yours.	Postcode	Postcode		
What date did you move to				
this address?	Enter dates directly by entering numbers s	eparated by " or use the calendar menu.		
Your daytime phone number				
What is this number?	Home 🔲 Work 🔲	Home Work		
	Mobile 🔲 Textphone 🗌	Mobile Textphone		
Date of birth				
National Insurance (NI) P number				
You can find this on letters from social security or the tax office. We cannot normally decide your claim if we do not have your NI number.	If you do not have an NI number, or cannot find it, tick this box.	If your partner does not have an NI number, or cannot find it, tick this box.		
Your email address				

# **Pre-Tenancy Determination**

Page 3 - Main Form	Application for a Pre-Te	nancy Determination
Please answer all the quest to provide some of the infor	ions and give as much information mation and to sign the form.	on as you can. You will need to ask the landlord or property agent
1. Please give the address number of the property yo Determination for.	s including any flat or room ou want a Pre-Tenancy	How often will you pay this amount? - every
Postcode		If yes is it fully furnished? partly furnished? v) Are any of the following services or amenities included within your rent? If YES pleace give details
Postode       Z. Type of poety     detached house     detached bungalow     fat in block     sem-detached bungalow     fat in block     fat in block     sem-detached bungalow     fat in block     fat in block     fat in block     sem-detached bungalow     fat in block     fat in block     fat in block     sem-detached bungalow     fat in block     fat in block     fat in block     sem-detached bungalow     fat in block     fat in block		Yes No How much? How often?         Heating       Liphting & power         Hot water       Gaselectric for cooking         Caselectric for cooking       Laundry         Cleaning       Courselling & support         V0 Does the ent include any money for meals?       Yes         If YES please agy which meals.       Breakfast         Lunch       Eveing meal         J. Please give your dealls         Suname       Chter names         Til       Address
Is there a central heating sy Is a garage included?	Yes No	Postcode
Who is the landlord of the p Surname	roperty?	Tel number Email address
Address		5. Are you getting Housing Benefit Yes No at the moment? 6. Please give your date of birth:

Private tenants can find out the maximum possible housing benefit they can receive before signing a tenancy agreement. This means that they can avoid renting an expensive home where housing benefit will not meet all of the rent. Pre-Tenancy determination forms are completed by both the landlord and the tenant.

### This form is comprised of sections on;

- 1 page of guidance notes
- Property Details
- Details of person completing the form
- Tenant Details
- Landlord Declaration
- Declaration

Length: 3 pages

**Declaration:** Signature

Some Local Authorities using this form: Fareham, Medway, Scarborough , St Albans



# **Proof of Rent**

If an applicant lives in a privately rented or Housing Association property the landlord/lady must complete this form as proof of rent costs, and they themselves must sign the declaration.

Page 2 Proof of tenancy & residency						
					ertificate	Private and Confidential
TO BE CO	MPLETED I	BY YOUR LANDL	ORD/LANDL	ADY OR T		has asked you to complete this form
	e landlord		Landlord		they pay. P	ey want you to confirm how much rent lease help your tenant by completing it
If you are th	e agent, plea: Landlord	se supply both yours	and the Land	dord's full na Agent	me and address.	
Surname	Candidid			/gent		
Forename						=
Address						Ξ
	Postcode			Postcode		
Tel No.						
Email						
Full name	and addres	s of the tenant yo	ou are comp	leting this	certificate for	
Surname					k this with your tenant. TI y this information	neir claim may be delayed if you
Forename					e tenancy start?	
Title					e tenant move in?	
Address			V	When was t	ne last rent in crease?	
					o you collect the rent?	
			V	Vhat is the t	otal rent you charge?	
	Postcode		ŀ	low is it pai	d?	
Does the r	Does the rent include meals? No Yes If Yes, please tick below which meals are included:					
	full board breakfast lunch evening meal					
Are you re	lated to the t	en ant?	No Yes	If so, I	now?	
Is this a joi	nt ten ancy?		No Yes		please give s names.	
What is th	e date of the	original tenancy a	greement?			
Are any of	the followin	g included in your	tenant's rent	? state how	much (if known)	
Cleaning/i shared are		No Yes			Porter	No Yes
Council Ta		No Yes			Satellite dish	No Yes
Fuel for co	oking (not	No Yes			Counselling and support	No Yes
just gas ar Water rate	nd electricity	No Yes			services Garage	No Yes
Heating		No Yes			Warden or alarm	No Yes
Hotwater		No Yes			system Cleaning	No Yes
Electricity	for lights	No Yes			Washing (eg bed linen)	No Yes
Gas or ele cooking	ctricity for	No Yes			Any other services	No Yes
cooning					eg. personal care or nurs	ing. (Please give details below)
Declarati	on					
I confirm t	I confirm that all the information I have given above is correct. I understand that if I give false information or fail to report a change in circumstances I may be prosecuted.					
Landlord's Signature	s or Agents		Ple	ease return mpleted for	the ** Your Council Add n to: ** Your Council Add ** Your Council Add	ress ** ress ** ress **
			Date		1	

### This form is comprised of sections on:

- Landlord Details
- Agents Details (where applicable)
- Tenancy information and Tenant's Details
- Declaration

Length: 1 Page

**Declaration:** Signature

**Some Local Authorities using this form:** ARP, SRP, Scarborough, Waltham Forest

# Preliminary

Initial form to note down very basic details of a claimant who will later be called back, to complete a further, more in depth application.

This form is comprised of sections on:

- The claimant's details
- The partner's details (if applicable)
- At least one phone number so a call-back can take place
- Whether they have any savings over £16,000
- Call back arrangements / Notes section

Length: 1 Page

**Declaration:** Signature

**Some Local Authorities using this form:** Wigan, Waltham Forest, Tower Hamlets, Dudley, Medway

Preliminary Form - Customer Details	
Does the customer have a partner?	
No	
Yes	
Claimant	
Surname of family name	
First Names	
Any other names	
Title	
Address	
Postcode	
Telephone Number - You must provide us with at least one	number ethenvise we can not call you
receptione number - rou must provide us with at least one	Contractive current and you
Work number	
Mobile number	
Date of birth	
Do you have savings and investments of more than £16,000?	
Callback arrangements / Case notes	
L	
	Victoria Forms

### **Return to Work**

If an applicant already claims Housing Benefit or Council Tax Benefit, they should use this form to tell the council if they stop claiming Income Support, Job Seeker's Allowance Income - Based or Guaranteed Pension Credits because they are returning to work.

Page 3 About You	
	ANCES / RETURN TO WORK FORM
	ANCES / RETURN TO WORK FORM
PLEASE SUPPLY ORIGINAL DOCUMENTATION TO S First name:	UPPORT ALL REPORTED CHANGES TO YOUR CIRCUMSTANCES
Surname	
Address	
Postcode	
National insurance number	
Telephone number	
Your email address	
Do You have a partner	
No	
Yes	
Please Tick the appropriate box	
Own your home or pay a mortgage	
Pay rent to a Housing Association	
Pay rent to the council	
Pay rent to a private lanlord	
Other	
OTHER .	
Section 2 - About people who live in your propert	y
Is there anyone else living with you?	
No	
Yes	

### This form is comprised of sections on:

- Data Protection Page
- Applicant Details
- People who also live in the property
- Applicant's Work
- Partner's Work (if applicable)
- Other money coming in
- Bank accounts and savings
- Known future changes
- Extra Information Page

• Declaration

Length: 8 Pages

Declaration: Checkbox

Some Local Authorities using this form:

Ashford, SRP, Basildon, Scarborough

### Review

This form can be used to review a claimant's circumstances. It allows Local Authorities to minimise the risk of fraud and error in the benefits system by reviewing their current caseload of claims to ensure everyone is getting the correct amount of benefits.

### This form is comprised of sections on:

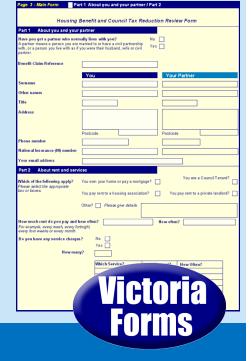
- Help Information
- Savings and investments
- Applicant Details
- Changes
- Partner's Details
- Other occupants
- Other income
- Declaration
- Employment Details

# Pages Declaration:

Length: 6

Checkbox

Some Local Authorities using this form: SRP, Kensington and Chelsea, St Albans, East Hampshire, Wyre Forest



Page 2 Second Adult / Non Dependent Form	
Second Adult / N	Non-Dependent Form
This form should be used if you have indicated on your applicat Income Support/Job Seekers Allowance (Income Based) or Job	o Seekers Allowance (Contribution Based).
to the Benefits Agency Office that pays their benefit, in or	rm, giving their authorisation. Then either send it or take this for rder for them to complete the details.
Council Name	
Address	
Postcode	
Surname	
Other names	
Telephone number	
Email address	
L	
	ECOND ADULT / NON DEPENDENT
I authorise the Benefits Agency to give the information requeste	ed below regarding my Income Support or Job Seekers Allowance.
National Insurance No:	
Address	
Postcode	
TO BE COMPLETED B	Y THE BENEFITS AGENCY
IS in receipt of Income Support / JSA (IB) / JSA (cont)	
from	
WAS in receipt of Income Support / JSA (IB) / JSA (cont)	
from	
to	
10	

## Second Adult Non-Dependant

This form can be used to inform the Local Authority of any Non-Dependants in an applicant's home, as this could reduce the amount of Housing Benefit they receive.

### This form is comprised of sections on:

- Applicant Details
- Signed by Second Adult
- Completed by Benefits Agency
- Declaration

Length: 1 Page

**Declaration:** Signature by Non-Dependant, Signature by Benefits Agency

Some Local Authorities using this form: St Albans

# **Second Home**

This form can be used to inform the Local Authority of an applicant's two properties (or land).

This form is comprised of sections on;

- Applicant's Details
- Partner's Details (if applicable)
- Second Property / Land information
- Any Other Occupants
- Property Outgoings
- Proof that is needed to support the application
- Declaration

Length: 4 Pages

**Declaration:** Signature

**Some Local Authorities using this form:** Ashford, Scarborough, St Albans

Page 2	Your details	
	** Your Council Name **	
	SECOND HOME FORM	
This form should be completed if th they live. This includes properties a	e claimant or their partner own any property or land, apart from the one in which nd land abroad, as well as in this country.	
Claimant's surname		
Claimant's other names		
Title		
Telephone number		
Email address		
Case/ claim reference		
Partner's surname		
Partner's other names		
Claim address		
	Postcode	
Second property or land Full address of second property/ la	nd	
Full address of second property/ la		
	Postcode	
Type of property	House, Bungalow, flat The number of bedrooms	
	Block of houses/ flats	
	Shop or warehouse	
	Land The number of acres/ hectares	
	Other Give details	
Do you own this jointly?	No  Yes Provide the names of the other owners.	
	The state and names of the other owners.	
Is there any agreement about selling the property with the other owners?	No 🗌	
the property with the other owners?	Yes Provide details.	
In the new sets on fee cale?		
is the property up for sale?	No Yes Give date the prov	
	Ves Give date the pro- Forms	

# **Self Employed Earnings**

This self employed earnings information form supplements the main claim form. This form allows claimants to give details of the income and outgoings of their business.

# This form is comprised of sections on:

- Applicant's Details
- The Business Details
- Business Income
- Business Expenses
- Other Expenses
- Declaration

Length: 4 Pages

**Declaration:** Signature or Checkbox

Some Local Authorities using this form: ARP, Basildon, Luton, Stour Valley Partnership, Shared Revenues Partnership, St Albans, Wigan, Scarborough

REPAIR / REPLACEMENT OF A BUSINESS ASSET (do not include Motoring)

LEASING CHARGES (do not include car)

BUSINESS ENTERTAINMENT

Please state what is leased:

Was this covered by insurance? YES

I give the council permission to share information about the progr Address	ress of my claim with my landlord or their representative
Postcode	
Sumame	
Other names	
Telephone number	
Email address	
Landlords name to whom the information can be shared with/	
Confirmation	

#### ION ONLY IF YOU DO NOT HAVE ANY PREPARED ACCOUNTS FOR THE LAST FINANCIAL NOT BEEN TRADING FOR A FULL YEAR FROM: \_\_\_\_\_TO: \_\_\_\_ financial year OR if you have not been trading for a year it should be the date your business SALES / TAKINGS / INCOME Plus VAT REFUNDED Plus ENTERPRISE ALLOWANCE Plus CLOSING STOCK Less COST OF SALES (PURCHASES) Less VAT PAID OUT Less OPENING STOCK GROSS PROFIT UDE AMOUNTS THAT RELATE SOLELY TO THE BUSINESS. DRAWINGS (Cash or stock) TO SELF TO SPOUSE TO OTHERS RENT BUSINESS RATES HEATING AND LIGHTING CLEANING TELEPHONE BUSINESS INSURANCE ADVERTISING PRINTING AND STATIONARY POSTAGE ACCOUNTANTS CHARGE BANK CHARGES INTEREST PAYMENTS ON BUSINESS LOANS (Please enclose a copy of the loan agreement)

NO 🗌

Sharing Information with your Landlord

Sharing Information with Landlords helps Councils deal with claims quicker and reduces the risk of the claimant falling behind on rent due to the claim being delayed.

# This form is comprised of sections on:

- Half a page of information about sharing information with the landlord
- Details of what will and will not be shared with the landlord
- Address
- Full Name
- Contact Details
- Landlord's Name
- Declaration

Length: 1 Page

Declaration: Checkbox

Some Local Authorities using this form: ARP, Scarborough



# Statement

This form can be used to inform the Local Authority of any changes or declarations the claimant needs to make.

### This form is comprised of sections on:

- Applicant's Details
- Statement / Change of details
- Declaration

### Length: 1 Page

Declaration: Checkbox

Some Local Authorities using this form: Shared Revenues Partnership

Page 2 HBCTR Statement Form	
Sumame	
Other names	
Title	
Address	
Postcode	
Telephone number	
Email address	
Mobile number	
Benefit Claim Reference	
Date of birth	
National Insurance Number	
Statement / Declaration	

# **Visiting Officer Report**

Page 1 of 2	
	Revenue & Benefit Services Home Visit Report Form
Officer's name:	Date of officer visit
Customer's surname:	PIN / Claim Ref / NINo:
Customer's forename:	Property / Account Ref.
Address:	
	Postcode
Information received	/ notes:

This form can be used and completed by a visiting officer when they are out in a claimant's household, to simply check and receive claim information to confirm the claimant is entitled.

This form is comprised of sections on:

- Visit Details
- Information Box
- Declaration by Customer

Length: 2 Pages

**Declaration:** Checkbox

Some Local Authorities using this form: Dudley

	Revenue & Benefit Services Home Visit Report Form
Declaration by custom	er
	this form has been read back or shown to me and it is accurately recorded. Iy give information that is incorrect or incomplete, I may be liable to prosecution or other acti
Confirmation	ry gree monitorient traction monitories in monitories, i may be habie to prosecution of other acti
Declaration by officer	
The information recorded by	me on this form is true and complete.
	m the customer has been read back or shown to them and they have confirmed it to be true a
complete.	
To submit this form, click th	e Submit Form button and follow the instructions on the screen.



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Our Offices are open Monday to Thursday (excluding UK public holidays) 9.00am to 5.30pm, Fridays 9.00am to 5.00pm.

