## Your details

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| National Insurance number (NINO) |  |

|  |  |
| --- | --- |
| Address |  |
| Email Address |  |
| Contact Telephone Number |  |

## If you are moving what’s your new address?

|  |  |  |
| --- | --- | --- |
| New address | Date of move | Reason for move |
|  |  |  |

## Partner details

|  |  |
| --- | --- |
| Partner Name |  |
| Date of Birth |  |
| National Insurance Number (NINO) |  |

## Your household (children or other people that live with you)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
|  |  |  |  |
|  |  |  |  |
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## Help you need

|  |
| --- |
| Please list the help that you need (You will need to provide your most recent bank statement as evidence to support your application before a decision can be made. You may be asked to provide other evidence as required e.g., a rent statement) |
|  |

## Income that you and your partner receive (wages, benefits, pensions)

|  |  |  |
| --- | --- | --- |
| Income | How often | How much |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

## Capital and savings

|  |  |
| --- | --- |
| Capital | Balance |
| Bank/Building Society Account |  |
| Post Office Account |  |
| Premium Bonds |  |
| National Savings Certificates |  |
| Shares, Stocks or Unit Trusts |  |
| Life Assurance/Endowments |  |
| Tessas, PEPS or ISA’s |  |
| Land or buildings other than your home |  |

## Expenditure / Outgoings

|  |  |  |
| --- | --- | --- |
| Expense | How Often | How Much |
| Mortgage or rent |  |  |
| Council Tax |  |  |
| Water Rates |  |  |
| Gas electric or oil |  |  |
| Mobile phone |  |  |
| Telephone landline |  |  |
| Broadband/internet |  |  |
| Home Insurance |  |  |
| Television package |  |  |
| TV Licence |  |  |
| Food and Housekeeping |  |  |
| Cigarettes/tobacco/nicotine |  |  |
| Alcohol |  |  |
| Travel costs (bus or Taxi) |  |  |
| Petrol or diesel |  |  |
| Car insurance |  |  |
| Car tax |  |  |
| Car maintenance |  |  |
| Clothing |  |  |
| Credit card payments |  |  |
| Catalogue/store card |  |  |
| Loan payments |  |  |
| Fines |  |  |
| After school clubs/childcare |  |  |
| Pet insurance vet costs |  |  |
| Pet food cost |  |  |
| **TOTAL** |  |  |

## Arrears/other debts (include rent arrears)

|  |  |
| --- | --- |
| Type of debt | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |

## Do you need help with your claim?

### We cannot discuss your claim with anyone but you unless you tell us who we can talk to.

### **If there is someone else, you would like us to discuss your claim with please tell us their full name and address**

|  |  |
| --- | --- |
| Name of person or organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |

## Declaration

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

**I/we agree** that you will use the information I have provided to process my application. You may cross check the information with other sources within the council, rent offices, other councils and Department for Work and Pensions/Jobcentre. Data held may be used in comparison for the purposes of prevention and detection of fraud.

**I/we understand** that this authority is under a duty to protect the public funds it administers, and to this end agree that they may use the information I have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes if the law allows this.

**I/we understand** that if payment is paid direct to my landlord and a dispute arises over the amount paid, that you may have to disclose all the details of my claim and subsequent correspondence to my landlord, their representative and a court or an appeal tribunal

**I/we know, I/we** must let the council know about any change in my/our circumstances which might affect my/our claim and confirm that I/we understand that the council may pursue the collection of overpaid amounts through external bodies.

I declare the information I/we have given on this form is correct and complete

|  |  |
| --- | --- |
| Signature of applicant |  |
| Date |  |

### Contacting us

|  |
| --- |
| Telephone: 01225 477 277Email: [Welfare\_Support@bathnes.gov.uk](mailto:Welfare_Support@bathnes.gov.uk)Write to us: Welfare Support, Lewis House, Manvers Street, Bath, BA1 1JG |
|  |