

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)

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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	

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 477 277

Email: Welfare_Support@bathnes.gov.uk

Write to us: Welfare Support, Lewis House, Manvers Street, Bath, BA1 1JG