



STROUD DISTRICT COUNCIL

Council Offices Ebley Mill Stroud Gloucestershire GL5 4UB

Telephone 01453 754054

Facsimile 01453 754933

www.stroud.gov.uk

benefit.services@stroud.gov.uk

**Revenue & Benefit Services,
Stroud District Council,
Ebley Mill, Ebley Wharf,
Stroud, Gloucestershire,
GL5 4UB.**

Date Issued	
Claim Number	
Initials	

Are you:

A council tenant?	<input type="checkbox"/>
An owner occupier?	<input type="checkbox"/>
A housing association tenant?	<input type="checkbox"/>
A private tenant?	<input type="checkbox"/>

Council Tax Support

Please tick which Benefit(s) you wish to apply for:

Council Tax Support	<input type="checkbox"/>	Second Adult Rebate	<input type="checkbox"/>
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If you have claimed any of these benefits before, when did you last claim?

Do you have a partner who normally lives with you? No Yes

You

Your Partner

Title (such as Mr, Mrs, Ms, Miss)

Last name

First name(s)

Address, including the room number, if you have one

Postcode

Postcode

What date did you move to this address?

Your daytime telephone number

Date of Birth

National Insurance number

Please list all of the people who usually live with you, even if they are away temporarily. This includes lodgers, foster children, subtenants or joint tenants, and people who do not depend on you and their own children). Please also include non-resident carers if they have a room to sleep in.

Surname	First Names	Relationship To You	Date of Birth

Details of <u>all</u> income* for everyone in the household			
Name	Type of income	Amount	Frequency

**This includes earnings/wages, benefits, pensions, tax credits and any other money coming in.*

Details of <u>all</u> bank/building society accounts & savings for you/you & your partner			
Name	Type	Account ref	Balance/Value

I/We pay the following expenses:					
Childcare costs:			Evidence provided?		
Charge	£	Frequency	Provider?		
Private pension contributions:			Evidence provided?		
Amount	£	Frequency	Provider?		

Sharing Information:		
I give Stroud District Council permission to share information about my claim with a third party		
Yes/No	Name/details of third party	Relationship to claimant

You must provide

Declaration

- I declare that I have a genuine liability to pay rent and / or council tax. The information I have given to the Benefit Officer to establish my eligibility, including the information that has been recorded on this form, is correct and complete. I have provided / will provide original evidence to support all aspects of my claim.
- I understand that if I knowingly give information that is incorrect you may take action against me. This may include court action.
- I agree that you may use the information I have provided to process this application. You may check some of the information with other sources as allowed by the law.
- I know that I must tell Benefit Services immediately in writing about any changes in my circumstances, which might affect my claim.

Signature of Claimant.....Date.....

Full name (print in capital letters).....

Signature of Partner.....Date.....

Full name (print in capital letters).....



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Please complete the enclosed claim form and return it to us with the following information and applicable original documents:

❖ Proof of identification for everyone in your household i.e.: passport, driving licence, birth certificates.
❖ Proof of earnings. The last two months or five weeks pay slips are required.
❖ Child Benefit.
❖ Latest full Tax Credit award letter.
❖ Proof of childcare that shows OFSTED registration number. We will need confirmation from the child minder of the hours your child attends and the amount charged.
❖ State Retirement Pension.
❖ Private Pension.
❖ Disabled Living Allowance.
❖ Attendance Allowance.
❖ Proof of any other income you have.
❖ Bank statements, last two months full statements are required. If you bank online we are able to accept printed statements as long as your name and the account number are on the print out.
❖ Up to date proof of any other savings and capital.