

# Housing Benefit & Council Tax Benefit Claim Form (Pensioners)



ABERDEEN  
CITY COUNCIL

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

**Claimant's Name and Address:**

Reference Number

**Official Use Only**

Issue Date

Received Date

**Council Tax and Benefits Office, Crown House, 27 - 29 Crown Street, Aberdeen, AB11 6HA.**

Tel: 08456 080921 lines open Mon - Fri 8.45am - 5.00pm

Email: [benefits@aberdeencity.gov.uk](mailto:benefits@aberdeencity.gov.uk)

## HOW TO FILL IN THIS FORM

- In order for us to process your benefit claim, we need you to complete this form.
- Please complete this form using black ink. If you require assistance to complete this form, help can be given at any of the following offices:
  - Crown House, 27 - 29 Crown Street, Aberdeen, AB11 6HA  
Open 8.45am – 4.30pm
  - Area Housing Office (Central), Formartine Road, Tillydrone, Aberdeen  
Open 8.30am – 5.00pm
  - Mastrick Customer Access Point (North), Spey Road, Mastrick, Aberdeen  
Open 8.30am – 5.00pm
  - 1st Floor, St Nicholas House (South), Upper Kirkgate, Aberdeen  
Open 8.30am – 5.00pm
- We may ask for information / evidence to support your claim. Any evidence / information you send to us must be an ORIGINAL document. We cannot accept photocopies. If you are unable to provide any information / evidence please let us know immediately.
- You must return this form to Aberdeen City Council immediately, even if you do not have all the information we have asked for. If you do not, you may lose benefit that you are entitled to.
- We can copy and return your original evidence to you while you wait at one of our offices.
- If you have any difficulties in completing this form, or if you would like it translated, please phone 08456 080921.
- If you rent your property from a Housing Association or Private Landlord, have other people living with you or are not receiving Pension Credit, we may need to ask you to complete supplementary claim forms.
- We are sorry there are so many questions, but these are necessary to ensure we pay you the right amount of benefit.

**Please tick boxes as appropriate when completing this form.**

I own and live in my own home

I rent my home from a Local Authority/Housing Association

I rent my home from a private landlord

(If you rent your home from a Housing Association or Private Landlord, please complete the rental information supplementary form)

## **A You and your partner**

If you do not have a partner, tick this box

<b>YOU</b>	
Surname	<input type="text"/>
Other Name	<input type="text"/>
Title	Mr / Mrs / Miss Other
National Insurance number	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Please tell us if you use another name, or are known by another name	
<input type="text"/>	
Address you want to claim for	
<input type="text"/>	
Postcode	<input type="text"/>
E-mail Address	<input type="text"/>
Phone	<input type="text"/>
Mobile Number	<input type="text"/>
What date did you move to this address?	
<input type="text"/> / <input type="text"/> / <input type="text"/>	
Are you joint owner or joint tenant?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>YOUR PARTNER</b>	
Surname	<input type="text"/>
Other Name	<input type="text"/>
Title	Mr / Mrs / Miss Other
National Insurance number	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Please tell us if you use another name, or are known by another name	
<input type="text"/>	
Address you want to claim for	
<input type="text"/>	
Postcode	<input type="text"/>
E-mail Address	<input type="text"/>
Phone	<input type="text"/>
Mobile Number	<input type="text"/>
What date did you move to this address?	
<input type="text"/> / <input type="text"/> / <input type="text"/>	
Are you joint owner or joint tenant?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

# A You and your partner (Continued)

## YOU

If 'Yes', who with?

What is your nationality?

Have you lived in the UK for the whole of the last two years?

YES  NO

If 'No', what date did you arrive in the UK?

/ /

What was your last address?

Did you own this property?

YES  NO

Did you rent this property?

YES  NO

Were you living with relatives at this address?

YES  NO

Did you claim Housing Benefit or Council Tax Benefit at your last address?

YES  NO

Do you fall into any of the following categories? Tick all that apply

Severely Mentally Impaired   
In legal custody   
A student   
In Hospital   
Date Admitted:

## YOUR PARTNER

If 'Yes', who with?

What is your nationality?

Have you lived in the UK for the whole of the last two years?

YES  NO

If 'No', what date did you arrive in the UK?

/ /

What was your last address?

Did you own this property?

YES  NO

Did you rent this property?

YES  NO

Were you living with relatives at this address?

YES  NO

Did you claim Housing Benefit or Council Tax Benefit at your last address?

YES  NO

Do you fall into any of the following categories? Tick all that apply

Severely Mentally Impaired   
In legal custody   
A student   
In Hospital   
Date Admitted:

Please send **original** evidence for the identity and National Insurance number for yourself and your partner, if you have one. **Remember, you must send original documents otherwise we will not process your claim.**

## **B Pension Credit**

Are you or your partner receiving Pension Credit at the moment?

YES

NO

If 'No', please complete the Income & Capital supplementary form

Have you or your partner recently applied for Pension Credit?

YES

NO

## **C Other People**

Do you have someone other than your partner or a joint tenant living with you?

YES

NO

If 'Yes', please complete the 'Others in Your Household' supplementary form

# D Declaration

**Please read this declaration carefully before you sign and date it. If you do not sign it, we will have to send the form back to you and this will delay your claim. Where the declaration says 'I', 'me' or 'my', this refers to you and your partner if you have one.**

## **I understand the following.**

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the council, rent offices and other councils.
- You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

**I know** I must let you know about any changes in my circumstances which might affect my claim.

**I confirm that** the information I have given on this form is correct and complete.

Signature
<input type="text"/>

Date
<input type="text"/>

Name of person filling in the form ( if not the person claiming)
<input type="text"/>

Relationship to claimant
<input type="text"/>

Signature
<input type="text"/>

Date
<input type="text"/>

## • **How we collect and use information**

We collect information for Housing Benefit and Council Tax Benefit purposes, but it may also be used for any other council purpose. We may check the information that you provide, or that a third party provides about you, with other information we hold. We may also get information about you from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways as allowed by law. These third parties include government departments and local authorities. We will not release information about you to anyone outside the council unless the law allows us to. We are registered under the Data Protection Act 1998 for these purposes and are the data controller.

Please note that Under Section 100 of the Local Government Scotland Act 1973 we must take part in the National Fraud Initiative. Details of your claim may be compared with records within this council and other public bodies. For more information please log on to: [www.audit-scotland.gov.uk/work/nfi/php](http://www.audit-scotland.gov.uk/work/nfi/php).

For help with **language / interpreting** and other formats of communication support, please contact: 01224 523 542

ভাষা/ইন্টারপ্রেটিং এবং অন্যান্য ফরমেটের যোগাযোগ সাহায্যের জন্য দয়া করে :01224 523 542 নম্বরে যোগাযোগ করবেন।

如果需要語言/傳譯及其他形式的傳訊支援服務，請聯絡:01224 523 542。

Если требуется помощь при выборе языка / переводчика или других способов общения, звоните по телефону : 01224 523 542

للحصول على مساعدة بخصوص اللغة/ الترجمة و وسائل الاتصال الأخرى، الرجاء الاتصال بالرقم التالي: 01224 523 542

زبان / ترجمانی (انٹرپرائٹنگ) میں مدد اور اپنی بات دوسروں تک پہنچانے میں مدد کی دوسری طرزوں کیلئے، براہ کرم اس نمبر پر رابطہ کریں: 01224 523 542

Jeśli potrzebujesz pomocy **językowej / tłumacza** lub innej pomocy w porozumiewaniu się, proszę zadzwonić pod numer: 01224 523 542