

# Others in Your Household Supplementary 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

- If you rent your property from a Housing Association or Private Landlord, we require you to complete this form as well as the Benefit Claim form (Pensioners).
- 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.
- We are sorry there are so many questions, but these are necessary to ensure we pay you the right amount of benefit.

# A Attendance Allowance & Disability Living Allowance

Do you or your partner receive:

Attendance Allowance?

YES  NO

Disability Living Allowance – Care Component?

YES  NO

# B Children who live with you

Do you or your partner receive Child Benefit for any children who live with you?

YES  NO If 'Yes' please give details below. If 'No' - go to section C

	FIRST CHILD	SECOND CHILD	THIRD CHILD
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is their relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they male or female?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they registered blind?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they receive Disability Living Allowance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they go to a registered nursery, childminder or playscheme?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'Yes', please give the name and address of the nursery, childminder or playscheme?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the weekly cost of childcare for each child?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Any other information (please give details)

# C

## Other people who live with you

Apart from you, your partner and your dependent children, does anyone else live with you in your home?

YES  NO

If 'Yes', please give details below. You should include grown-up children who you no longer get Child Benefit for, friends, relatives, boarders, subtenants and joint tenants.

	FIRST PERSON	SECOND PERSON	THIRD PERSON
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other name or names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date they moved in	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay rent to you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'Yes', how much and how often?	£ Per <input type="text"/>	£ Per <input type="text"/>	£ Per <input type="text"/>
Does their rent include payment for meals?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does their rent include payment for heating or hot water?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they receive Income Support, Job Seeker's Allowance (Income Based), Guarantee Credit or Savings Credit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they receive Employment and Support Allowance (Contributory)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they receive Employment and Support Allowance (Income Related)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they get any other state benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'Yes', which one(s) do they receive and how much do they get each week?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'Yes', how many hours do they work each week?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What are their earnings before Tax and National Insurance?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they have any other income?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'Yes', please give details and the amounts.	<input type="text"/>	<input type="text"/>	<input type="text"/>

# C

## Other people who live with you (Continued)

	FIRST PERSON	SECOND PERSON	THIRD PERSON
Do they get Disability Living Allowance or Attendance Allowance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'Yes', how much do they get each week?	£	£	£
Are they severely mentally impaired?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are they in prison?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'Yes', what date were they sentenced?			
Are they an apprentice?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are they a student?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they care for someone in your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are they on a youth training course (for example, YTT, skillseekers)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

For each person who lives with you, please send original documents for any income that they have and any rent that they pay you.

**Please remember, you must send original documents otherwise we will not process your claim. Do not send your own photocopies.**

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।

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

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。

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

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

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