

Income/Capital Supplementary Form (Pensioners)



ABERDEEN
CITY COUNCIL

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

HOW TO FILL IN THIS FORM

- If you are not in receipt of Pension Credit, 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 Earnings

YOU

Are you in paid employment?

YES NO

If 'No', go to section B.
If 'Yes', please give details below.

Employer's name and address

When did you start this job?

Is your job seasonal or temporary?

YES NO

If 'Yes', when will it end?

How many hours per week do you work?

How much are you paid after deductions?

£

How often are you paid (every week, fortnightly, monthly)?

How are you paid (for example, in cash or into a bank account)?

Do you regularly work overtime?

YES NO

Do you receive a bonus, tips or commission?

YES NO

What is the expected date of your next pay rise?

YOUR PARTNER

Are you in paid employment?

YES NO

If 'No', go to section B.
If 'Yes', please give details below.

Employer's name and address

When did you start this job?

Is your job seasonal or temporary?

YES NO

If 'Yes', when will it end?

How many hours per week do you work?

How much are you paid after deductions?

£

How often are you paid (every week, fortnightly, monthly)?

How are you paid (for example, in cash or into a bank account)?

Do you regularly work overtime?

YES NO

Do you receive a bonus, tips or commission?

YES NO

What is the expected date of your next pay rise?

A Earnings (Continued)

YOU

Do you pay into a pension scheme?

YES NO

Do you have more than one job?

YES NO

If 'Yes', please give details below.

Employer's name and address

YOUR PARTNER

Do you pay into a pension scheme?

YES NO

Do you have more than one job?

YES NO

If 'Yes', please give details below.

Employer's name and address

B Self-employed earnings

Are you or your partner self-employed?

YES NO

If 'No', please go to section C. If 'Yes', please give details below. We may need to write to you for more information.

YOU

What is the name of your business?

What is the registered address of your business?

Business telephone number

What type of business do you run?

When did you start trading?

What is the financial year start date?

Do you have up to date Audited accounts?
If so please specify the period they cover.

YOUR PARTNER

What is the name of your business?

What is the registered address of your business?

Business telephone number

What type of business do you run?

When did you start trading?

What is the financial year start date?

Do you have up to date Audited accounts?
If so please specify the period they cover.

B Self-employed earnings (Continued)

YOU
What is your estimated weekly profit?
£
How many hours each week do you work?
Are you a partner in the business?
<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you pay into a pension scheme?
<input type="checkbox"/> YES <input type="checkbox"/> NO

YOUR PARTNER
What is your estimated weekly profit?
£
How many hours each week do you work?
Are you a partner in the business?
<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you pay into a pension scheme?
<input type="checkbox"/> YES <input type="checkbox"/> NO

Please send **original** evidence of all earnings and self-employed earnings for yourself and your partner, if you have one. See the checklist for examples of documents you can provide.
Remember, you must send original documents otherwise we will not process your claim.

C Other income

Please answer all the questions and complete the sections fully which relates to all incomes you receive. Failure to complete this section fully may result in your benefit claim being delayed.

If you do receive this income, please tell us how often you receive it (for example, every week, two weeks, four weeks or month).

	YOU		YOUR PARTNER	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Armed Forces Compensation Scheme	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bereavement Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Carer's Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who do you receive it for?	Name <input type="text"/>			
	Address <input type="text"/>			
Does anyone receive Carer's Allowance to look after you?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If 'Yes', what is their name?	<input type="text"/>			
What is their address?	<input type="text"/>			

C Other income (Continued)

	YOU		YOUR PARTNER	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Child Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Tax Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability Living Allowance (Care Component)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability Living Allowance (Mobility Component)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment and Support Allowance (Contributory)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment and Support Allowance (Income Related)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fostering Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian's Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incapacity Benefit (Long-Term)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incapacity Benefit (Short-Term)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industrial Injuries Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Seeker's Allowance (Contribution Based)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Seeker's Allowance (Income Based)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life insurance annuities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance you receive (including CSA payment, or any other monies you receive for yourself or your children)	<input type="text"/>		<input type="text"/>	
Occupational Pension or Superannuation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payments from boarders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payments from a charity or other voluntary payments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Disablement Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State Retirement Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Statutory Sick Pay (start date)	<input type="text"/>		<input type="text"/>	
Student income - Go to Section D				
War Disablement Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
War Widow's or War Dependents Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekly amount from letting or subletting part of a property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Widow's Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Widowed Mother's Allowance or Widow's Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Working Tax Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other income (please give details)	<input type="text"/>			

C Other income (Continued)

Have you or your partner recently applied for any benefits or income, but not yet received payment?

YES

NO

Please tell us which benefits or income you are waiting for?

What date did you apply for it?

Please send **original** evidence for any other income received by you or your partner, if you have one. See the checklist for examples of documents you can provide.

Remember, you must send original documents, otherwise we will not process your claim.

Do not send your own photocopies.

D Other income

Are you or your partner a student?

YES

NO

If 'No' - go to section E
If 'Yes' please give details.

YOU

Are you studying?

Full time

Part Time

Name of College or University

Address of College or University

Title of course

Length of course

YOUR PARTNER

Are you studying?

Full time

Part Time

Name of College or University

Address of College or University

Title of course

Length of course

D Other income (Continued)

YOU

Which year of study are you in?

1st 2nd 3rd 4th

What date do your classes begin?

What date do your classes end?

What is your matriculation number?

Do you receive a Grant or Bursary?

YES NO

If 'Yes', how much is paid?

£

How often is it paid?

How much Student Loan are you entitled to?

£

Are you on a Sandwich course?

YES NO

Do you receive sponsorship?

YES NO

Do you receive money from any other source?

YES NO

If 'Yes' please give details below

YOUR PARTNER

Which year of study are you in?

1st 2nd 3rd 4th

What date do your classes begin?

What date do your classes end?

What is your matriculation number?

Do you receive a Grant or Bursary?

YES NO

If 'Yes', how much is paid?

£

How often is it paid?

How much Student Loan are you entitled to?

£

Are you on a Sandwich course?

YES NO

Do you receive sponsorship?

YES NO

Do you receive money from any other source?

YES NO

If 'Yes' please give details below

Please send **original** evidence of any student income received by you or your partner, if you have one. See the checklist for examples of documents you can provide.

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

E Cash, savings and investments

You need to tell us about all your bank accounts, building society accounts and post office accounts (even if they are overdrawn), and all other cash and investments.

TYPE OF CAPITAL	NAME OF BANK OR BUILDING SOCIETY ACCOUNT (for example CURRENT, SAVINGS)	AMOUNT HELD	IN THE NAME OF			
			You	Partner	Joint	
Bank Account	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bank Account	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building Society Account	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building Society Account	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post Office Account	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cash Savings	Does not apply	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Premium Bonds	Does not apply	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you jointly own any of the above accounts with anyone who is not your partner?			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If 'Yes', please provide details

TYPE OF CAPITAL	DETAILS (for example SHARE NAMES, CERTIFICATE NUMBERS, ISSUE NUMBERS)	AMOUNT HELD	IN THE NAME OF		
			You	Partner	Joint
National Savings Bonds	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Savings Certificates	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Bonds	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares or Unit Trusts	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks, Shares and so on	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E Cash, savings and investments (Continued)

Do you or your partner have any other savings or investments or money owing to you, which you have not included in the list above (for example PEPs, ISAs or Personal Loans)

YES

NO

If 'Yes', please provide details.

Do you or your partner own another property?

YES

NO

If 'Yes', we will ask you for more information

Do you or your partner, or any of your children, have any money or property held in trust?

YES

NO

If 'Yes', please give details. We may ask you for more information.

You must send **original** copies of any evidence of your cash, savings and investments that you and your partner have. You must send us current statements showing all transactions for the last two months. We will not accept mini statements.

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