

Please read the notes on **Page A and B** before completing this form.

If you need help or have any queries about completing this form, you can phone our Customer Enquiry Line on **0300 330 1343**.

NOTE: For the purpose of checking entitlement, relevant information given on this form may be disclosed to other public bodies, including to and by the Department for Work and Pensions and Local Authorities.

Part 1 About you & your partner

| | | | |
|-----|--|-----|--------------------------|
| 1.1 | Are you claiming a refund of health costs you have already paid? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |

| | | | |
|-----|--|-----|--------------------------|
| 1.2 | Do you have a partner you live with or who lives with you? | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |

PERSONAL DETAILS - PLEASE WRITE IN BLOCK CAPITALS

| | | You | Your partner |
|------------------|--|----------------------|----------------------|
| DATE TIME | 1.3 Surname / family name | <input type="text"/> | <input type="text"/> |
| | Other names | <input type="text"/> | <input type="text"/> |
| | Mr/Mrs/Miss/Ms/other | <input type="text"/> | <input type="text"/> |
| | Date of birth | dd / mm / yyyy | dd / mm / yyyy |
| TEL. 2 | National Insurance no. | <input type="text"/> | <input type="text"/> |
| DATE TIME | Address | <input type="text"/> | |
| TEL. 1 | Postcode | | |
| OFFICIAL USE BOX | Telephone number including dialling code | <input type="text"/> | |

We may need to contact you about your claim between the hours of 8.30am and 5.00pm. Please tell us what time is most convenient to telephone.

Part 2 About children & young people

Children and young people are:

- children under 16 who normally live with you
- young people aged 16, 17 or 18 who normally live with you and who are still in full-time education doing a course that is not higher than 'A' Level, Scottish Certificate of Education Higher Level, or equivalent

NOTE: Don't count young people who have permanently finished a course like these. Tell us about them in **Part 3**. Don't count children or young people who are boarding with you, or foster children. Tell us about them in **Part 3** and use **Part 5** to tell us about any money you get for looking after them.

| | | | |
|-----|--|-----|---------------------|
| 2.1 | Do you have any children or young people who live with you and whom you support? | No | GO TO Part 3 |
| | | Yes | GIVE DETAILS BELOW |

| Surname or family name | Other names | Date of birth | Relationship to you |
|------------------------|-------------|---------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

GO TO **Part 3**

Part 3 Other people who live with you

We need to know about any other people who live with you. We need this information to make sure we work out your housing costs correctly.

Please tell us about:

- children and young people you have not already told us about at **Part 2**
- relatives who live with you
- friends who live with you
- boarders and lodgers - please tell us about them in Question **3.3**

Do not tell us about:

- people you have already told us about in **Parts 1 and 2**
- co-owners or co-tenants
- co-tenants, if you are a full-time student and they live in the same accommodation as you
- landlords
- other residents, if you live in a care home
- relatives/friends you live with

| | | | |
|------------|--|-----|---------------------------|
| 3.1 | Does anyone else live with you? <i>Tell us about them below and tick whichever boxes apply.</i> | No | GO TO QUESTION 3.3 |
| | | Yes | GIVE DETAILS BELOW |

| | Person 1 | Person 2 | Person 3 | Person 4 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Surname or family name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Age | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Universal Credit | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Daily living component personal independence payment | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Income-related Employment and Support allowance which does not include a component | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Armed Forces Independence Payment | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| On Youth Training | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Full-time student | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets Income Support | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets Pension Credit | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets Income-based Jobseeker's Allowance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets middle or high rate care component of DLA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets Attendance Allowance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is registered blind | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets money from work | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Part 3 Other people who live with you

On average, does the above named person work for 16 hours or more per week?

| | | | | | | | |
|-----|--|-----|--|-----|--|-----|--|
| Yes | | Yes | | Yes | | Yes | |
| No | | No | | No | | No | |

If the above named person works please tell us how much money they have coming in per week. You don't have to tell us but if they don't have much money coming in you might get more help. *Include their earnings before tax and National Insurance are taken off - also include any other money they have coming in. Don't include their Attendance Allowance or Disability Living Allowance if they get it.*

| | | | |
|---|---|---|---|
| £ | £ | £ | £ |
|---|---|---|---|

If more than four people live with you, tell us about the others at **Part 9**

3.2

Are any of the people you have told us about in Question 3.1 living together as a couple of the same or opposite sex, whether or not they are married or have a civil partnership?

No
Yes

GIVE DETAILS BELOW

(name) is the partner of (name)

(name) is the partner of (name)

3.3

Do you or your partner have boarders, lodgers or subtenants living with you?

No
Yes

GIVE DETAILS BELOW

Don't count people who live as part of your family. Tell us about them at Question 3.1.

| | Person 1 | Person 2 | Person 3 |
|----------------------------|------------|------------|------------|
| Name | | | |
| How much do they pay? | £ every | £ every | £ every |
| Does it include heating? | No Yes | No Yes | No Yes |
| Does it include any meals? | No Yes | No Yes | No Yes |

GO TO **Part 4**

Savings means things like:

- Money in bank, building society and Post Office accounts, including current accounts and savings accounts
- Premium, Income or Capital Bonds
- Shares
- National Savings Certificates
- Unit Trusts, Personal Equity Plans (PEPs), Individual Savings Accounts (ISAs) and other investments
- Any other money

NOTE: If you have a partner and you both have savings we need you to tell us the combined amounts. If you do not know the value of any of your savings and investments please check your most recent statements.

| | | | |
|------------|---|-------------------------------------|------------------------------------|
| 4.1 | Do you or your partner have savings or any other money in this country or abroad? | No | |
| | | Yes | GIVE DETAILS BELOW |
| | Money in accounts - tell us the total amount held in accounts | <input checked="" type="checkbox"/> | £ |
| | Premium Bonds - tell us the face value | <input checked="" type="checkbox"/> | £ |
| | Income or Capital Bonds - tell us the face value | <input checked="" type="checkbox"/> | £ |
| | Shares - tell us about them below | <input checked="" type="checkbox"/> | |
| | Name of the company the shares are held in and the type of shares held | Number of shares held | |
| | | | |
| | | | |
| | | | |
| | National Savings Certificates - tell us about them below | <input checked="" type="checkbox"/> | |
| | Certificate issue number | Number of units held | |
| | | | |
| | | | |
| | | | |
| | Unit trusts, PEPs, ISAs and other investments - tell us the current value, after any selling costs | <input checked="" type="checkbox"/> | £ |
| | Any other money - for example any cash you have | <input checked="" type="checkbox"/> | £ |

| | | | |
|------------|--|-----|------------------------------------|
| 4.2 | Do you or your partner own any property or land in this country or abroad? <i>Don't include the place where you live.</i> | No | |
| | | Yes | GIVE DETAILS BELOW |
| | What is the address of this property or land? | | |
| | | | |
| | What is the value of the property or land? | £ | |
| | How much, if anything, is still owed on the property or land? | £ | |

We may need to contact you if we need more information about this.

Part 5 About your income

We need to know about all income that you get. Tell us about your work in **Part 6**. Tell us about your student income in **Part 8**. Use this part to tell us about everything else.

- if you are getting **Pension Credit (guarantee credit)** you do not need to use this form - see the note on the front cover. If you are not sure what type of Pension Credit you receive, the page 'How your Pension Credit was worked out', sent with the letter that told you that you were entitled to Pension Credit, shows if you get guarantee credit.
- include anything that is paid to someone else on your behalf or that you get for someone else
- if you get pensions or benefits paid together, list them separately - your order book or the letter about the benefits or pensions will tell you what you are getting

! If you receive Pension Credit do not include it with any State Retirement Pension. List Pension Credit savings credit payments separately at Question **5.1**.

| 5.1 | Do you or your partner get any Social Security benefits or pensions? | | No | GIVE DETAILS BELOW |
|---|--|----------------------|-------|--------------------|
| | | | Yes | |
| Tell us about <ul style="list-style-type: none"> • War disablement pension • Personal Independence Payments • Armed Forces Independence Payments • State Retirement Pension • Incapacity Benefit • Severe Disablement Allowance • Industrial Injuries Disablement Benefit • Statutory Sick Pay • Contributions-based Jobseeker's Allowance • Maternity Allowance • Pension Credit (savings credit) • War Widow's Pension • Widow's Benefits • Bereavement Allowance • Widowed Parent's Allowance • Carer's Allowance • any other Social Security benefit * | | | | |
| *Tell us about any Attendance Allowance and Disability Living Allowance at Questions 5.3 and 5.4 . Do not tell us about Housing Benefit or Council Tax Benefit. | | | | |
| Name of benefit | Who is it for? | How much do you get? | | |
| | | £ | every | |
| | | £ | every | |
| | | £ | every | |
| | | £ | every | |
| | | £ | every | |
| | | £ | every | |

| 5.2 | Do you or your partner get any other income? Don't include work or student income here. | | No | GIVE DETAILS BELOW |
|---|---|----------------------|-------|--------------------|
| | | | Yes | |
| Tell us about: <ul style="list-style-type: none"> • private pensions • pensions from previous employers • money from a trust fund • maintenance payments • vouchers • other payments not from Social Security, e.g. Tax Credits • money from a charity or voluntary organisation • any other income that you have not already told us about | | | | |
| Type of income | Who is it for? | How much do you get? | | |
| | | £ | every | |
| | | £ | every | |
| | | £ | every | |
| | | £ | every | |
| | | £ | every | |

Part 5 About your income

| You | | Your partner | |
|---|-------------------------------------|-----------------------|-------------------------------------|
| 5.3 Do you or your partner get Attendance Allowance? | | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| TICK WHICH RATE BELOW | | TICK WHICH RATE BELOW | |
| High Rate? | <input checked="" type="checkbox"/> | High Rate? | <input checked="" type="checkbox"/> |
| Low Rate? | <input checked="" type="checkbox"/> | Low Rate? | <input checked="" type="checkbox"/> |

| | | | |
|--|-------------------------------------|-----------------------|-------------------------------------|
| 5.4 Do you or your partner get Disability Living Allowance? | | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| TICK WHICH RATE BELOW | | TICK WHICH RATE BELOW | |
| Care component | | Mobility component | |
| High rate? | <input checked="" type="checkbox"/> | High rate? | <input checked="" type="checkbox"/> |
| Middle rate? | <input checked="" type="checkbox"/> | Low rate? | <input checked="" type="checkbox"/> |
| Low rate? | <input checked="" type="checkbox"/> | | |

| | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 5.5 Do you or your partner get Personal Independence Payment or Armed Forces Independence Payment | | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| TICK WHICH RATE(S) BELOW | | TICK WHICH RATE(S) BELOW | |
| Daily living component | | Mobility component | |
| Enhanced rate? | <input checked="" type="checkbox"/> | Enhanced rate? | <input checked="" type="checkbox"/> |
| Standard rate? | <input checked="" type="checkbox"/> | Standard rate? | <input checked="" type="checkbox"/> |
| Armed forces independent payment | | <input checked="" type="checkbox"/> | |

| | | | |
|--|-------------------------------------|-------------------------|-------------------------------------|
| 5.6 Are you or your partner sending sick notes to your local Social Security office at the moment? <i>If you are sending sick notes to your employer please give details at Question 6.4.</i> | | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| GIVE DETAILS BELOW | | GIVE DETAILS BELOW | |
| When did you start sending them in? | | | |
| Over a year ago? | <input checked="" type="checkbox"/> | Over a year ago? | <input checked="" type="checkbox"/> |
| Less than a year ago? | <input checked="" type="checkbox"/> | Less than a year ago? | <input checked="" type="checkbox"/> |
| Tell us the exact date. | | Tell us the exact date. | |
| dd / mm / yyyy | | dd / mm / yyyy | |

Part 5 About your income

| | | | | |
|-------------------------|--|---|-------------------------|--------------------------|
| 5.7 | Has your local Social Security office said that you are incapable of work and that you don't have to send in sick notes? | | | |
| No | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | GIVE DETAILS BELOW | Yes | <input type="checkbox"/> |
| When did they tell you? | | <input type="text" value="dd / mm / yyyy"/> | When did they tell you? | |
| | | <input type="text" value="dd / mm / yyyy"/> | | |

| | | | | |
|------------|--|--|------------|--------------------------|
| 5.8 | Are you or your partner looking after someone but cannot get Carer's Allowance because you get another benefit instead? <i>Carer's Allowance is payable to someone caring for a severely disabled person. It used to be called Invalid Care Allowance. It is not Attendance Allowance or Disability Living Allowance, Personal Independence Payment, or Armed Forces Independence Payment.</i> | | | |
| No | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | | Yes | <input type="checkbox"/> |

| | | | | |
|------------|--|--|------------|--------------------------|
| 5.9 | Does someone other than you or your partner get Carer's Allowance for looking after either of you? | | | |
| No | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | | Yes | <input type="checkbox"/> |

Part 6 About work

In this part of the form we need to know about any money that you or your partner receive for any work you are doing now.

This includes:

- work for an employer
- self-employed work
- full-time or part-time work
- permanent or casual work
- paid voluntary / charitable work
- training schemes
- overtime, tips

| | |
|------------|---------------------|
| You | Your partner |
|------------|---------------------|

| | | | | |
|------------|------------------------------------|--|--|--|
| 6.1 | Do you or your partner have a job? | | | |
|------------|------------------------------------|--|--|--|

| | | | | | | | |
|------------|--|---------------------|--|------------|--|---------------------|--|
| No | | GO TO Part 7 | | No | | GO TO Part 7 | |
| Yes | | GIVE DETAILS BELOW | | Yes | | GIVE DETAILS BELOW | |

| | |
|-------------------|--|
| What is your job? | |
| | |

| | |
|--|--|
| How many hours do you normally work each week? | |
| | |

| | | | | |
|------------|--|--|--|--|
| 6.2 | What type of work is it? <i>Tick all boxes that apply in the rest of this Part and give the information we ask for.</i> | | | |
|------------|--|--|--|--|

| | |
|-------------|--|
| 6.2A | Employed <input checked="" type="checkbox"/> |
|-------------|--|

| | |
|-------------|--|
| 6.2A | Employed <input checked="" type="checkbox"/> |
|-------------|--|

! Please tell us how often you are paid and provide the payslips requested below as evidence of your earnings. If you cannot provide these please phone our Customer Enquiry Line on: 0300 330 1343 and we will tell you what to do.

| | | |
|-------------|-------------------------------------|----------------------|
| Weekly | <input checked="" type="checkbox"/> | Send last 4 payslips |
| Fortnightly | <input checked="" type="checkbox"/> | Send last 4 payslips |
| 4-weekly | <input checked="" type="checkbox"/> | Send last 2 payslips |
| Monthly | <input checked="" type="checkbox"/> | Send last 2 payslips |

| | | |
|-------------|-------------------------------------|----------------------|
| Weekly | <input checked="" type="checkbox"/> | Send last 4 payslips |
| Fortnightly | <input checked="" type="checkbox"/> | Send last 4 payslips |
| 4-weekly | <input checked="" type="checkbox"/> | Send last 2 payslips |
| Monthly | <input checked="" type="checkbox"/> | Send last 2 payslips |

| | |
|-------------|---|
| 6.2B | Self-employed <input checked="" type="checkbox"/> |
|-------------|---|

| | |
|-------------|---|
| 6.2B | Self-employed <input checked="" type="checkbox"/> |
|-------------|---|

! Please send us a copy of your accounts for the financial year ending within the last 12 months. If you cannot provide these please phone our Customer Enquiry Line on 0300 330 1343 and we will tell you what to do.
NOTE: we cannot accept HM Revenue & Customs self-assessment forms as evidence of self-employed income.

| | | | | |
|------------|--|--|--|--|
| 6.3 | Do you or your partner pay anything towards a personal pension? <i>Do not include anything you pay into a works pension as this will be shown on your payslips.</i> | | | |
|------------|--|--|--|--|

| | | | | | | |
|------------|--|--------------------|------------|--|--------------------|--|
| No | | | No | | | |
| Yes | | GIVE DETAILS BELOW | Yes | | GIVE DETAILS BELOW | |

| | |
|----------------------|-------|
| How much do you pay? | |
| £ | every |

| | |
|----------------------|-------|
| How much do you pay? | |
| £ | every |

| | |
|------------|---------------------|
| You | Your partner |
|------------|---------------------|

6.4 Are you or your partner sending sick notes to your employer at the moment?
If you are sending sick notes to your local Social Security office please give details at Question 5.5.

| | |
|------------|------------|
| No | No |
| Yes | Yes |

GIVE DETAILS BELOW

GIVE DETAILS BELOW

| | |
|-------------------------------------|-------------------------------------|
| When did you start sending them in? | When did you start sending them in? |
| dd / mm / yyyy | dd / mm / yyyy |

! Please send us your most recent payslip and state the period it covers (e.g. weekly, monthly). If you cannot provide this please phone our Customer Enquiry Line on 0300 330 1343 and we will tell you what to do.

| | |
|-----------------------|-----------------------|
| Period payslip covers | Period payslip covers |
|-----------------------|-----------------------|

6.5 Are you or your partner on a Training Scheme?

| | |
|------------|------------|
| No | No |
| Yes | Yes |

GIVE DETAILS BELOW

GIVE DETAILS BELOW

What type of training scheme is it? *Tick all boxes that apply below and give the information we ask for.*

| | |
|--|--|
| 6.5A Youth Training <input checked="" type="checkbox"/> | 6.5A Youth Training <input checked="" type="checkbox"/> |
| <i>Youth Training can include:</i> <ul style="list-style-type: none"> Modern Apprenticeships National Traineeships <ul style="list-style-type: none"> Work-Based Training Skillseekers | |

Are you paid as a trainee or as an employee?

| | | | | | | | | | | | | | |
|---|---|---|---|--|---|-------|---|---|--------------------|--|--|---|-------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Trainee <input checked="" type="checkbox"/></td> <td style="width: 70%; padding: 5px;">GIVE DETAILS BELOW</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> How much do you get? <i>Tell us how much you receive after any Tax and NI deductions. Do not include any allowances for travel.</i> </td> </tr> <tr> <td style="padding: 5px;">£</td> <td style="padding: 5px;">every</td> </tr> </table> | Trainee <input checked="" type="checkbox"/> | GIVE DETAILS BELOW | How much do you get? <i>Tell us how much you receive after any Tax and NI deductions. Do not include any allowances for travel.</i> | | £ | every | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Trainee <input checked="" type="checkbox"/></td> <td style="width: 70%; padding: 5px;">GIVE DETAILS BELOW</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> How much do you get? <i>Tell us how much you receive after any Tax and NI deductions. Do not include any allowances for travel.</i> </td> </tr> <tr> <td style="padding: 5px;">£</td> <td style="padding: 5px;">every</td> </tr> </table> | Trainee <input checked="" type="checkbox"/> | GIVE DETAILS BELOW | How much do you get? <i>Tell us how much you receive after any Tax and NI deductions. Do not include any allowances for travel.</i> | | £ | every |
| Trainee <input checked="" type="checkbox"/> | GIVE DETAILS BELOW | | | | | | | | | | | | |
| How much do you get? <i>Tell us how much you receive after any Tax and NI deductions. Do not include any allowances for travel.</i> | | | | | | | | | | | | | |
| £ | every | | | | | | | | | | | | |
| Trainee <input checked="" type="checkbox"/> | GIVE DETAILS BELOW | | | | | | | | | | | | |
| How much do you get? <i>Tell us how much you receive after any Tax and NI deductions. Do not include any allowances for travel.</i> | | | | | | | | | | | | | |
| £ | every | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Employee <input checked="" type="checkbox"/></td> <td style="width: 70%; padding: 5px;">GO TO QUESTION 6.2A AND SEND THE PAYSLIPS REQUESTED</td> </tr> </table> | Employee <input checked="" type="checkbox"/> | GO TO QUESTION 6.2A AND SEND THE PAYSLIPS REQUESTED | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Employee <input checked="" type="checkbox"/></td> <td style="width: 70%; padding: 5px;">GO TO QUESTION 6.2A AND SEND THE PAYSLIPS REQUESTED</td> </tr> </table> | Employee <input checked="" type="checkbox"/> | GO TO QUESTION 6.2A AND SEND THE PAYSLIPS REQUESTED | | | | | | | | |
| Employee <input checked="" type="checkbox"/> | GO TO QUESTION 6.2A AND SEND THE PAYSLIPS REQUESTED | | | | | | | | | | | | |
| Employee <input checked="" type="checkbox"/> | GO TO QUESTION 6.2A AND SEND THE PAYSLIPS REQUESTED | | | | | | | | | | | | |

6.5B Other training

Other Training can include:

- Training for Work

- New Deal

| | |
|----------------------|----------------------|
| Name of scheme | Name of scheme |
| How much do you get? | How much do you get? |
| £ | £ |
| every | every |

! Please provide a letter from your training provider detailing your allowance.

In this part we need to know about your share and your partner's share of anything you pay for the place where you live.

Please tell us about money you pay:

- to a private landlord/landlady
- to a local council
- to a housing association
- for a room in a bed and breakfast / hostel / hotel
- for ground rent
- for a mortgage
- for Council Tax
- for service charges

| | | | | |
|---------------------------------------|--------------------------------------|--|--------------------------|--------------------|
| 7.1 | Are you or your partner in hospital? | No | <input type="checkbox"/> | GIVE DETAILS BELOW |
| | | Yes | <input type="checkbox"/> | |
| Name of the person who is in hospital | | <input type="text"/> | | |
| Date they went into hospital | | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |

| | | | | |
|------------|---|-----|--------------------------|----------------------------|
| 7.2 | Do you or your partner live with parents, relatives or friends in their home? | No | <input type="checkbox"/> | GO TO QUESTION 7.3 |
| | | Yes | <input type="checkbox"/> | GO TO QUESTION 7.10 |

| | | | | |
|--|--|----------------------|--------------------------|--------------------|
| 7.3 | Are you or your partner a joint owner or tenant of the place where you live? | No | <input type="checkbox"/> | GIVE DETAILS BELOW |
| | | Yes | <input type="checkbox"/> | |
| Who with? | | <input type="text"/> | | |
| What is their relationship to you or your partner? | | <input type="text"/> | | |

| | | | | |
|------------|---|-----|--------------------------|---------------------------|
| 7.4 | Do you or your partner pay rent for the place where you live? | No | <input type="checkbox"/> | GO TO QUESTION 7.5 |
| | | Yes | <input type="checkbox"/> | GIVE DETAILS BELOW |

*If you pay money to parents, relatives or friends, tick **No** and go to Question **7.10**. We do not need to know about any money that you pay to them.*

*If you are a student and pay rent for the place where you live, tick **No** give details at **Part 8**.*

*If you pay a mortgage go to Question **7.5**.*

| | |
|---|----------------------------|
| How much do you pay? Take off Housing Benefit if you get it. | £ |
| <i>Don't include water rates, Council Tax or arrears.</i> | every <input type="text"/> |

If you are waiting to hear about a claim for Housing Benefit, tell us what you currently pay. Take off amounts for heating, lighting, cooking or hot water if they are included in your rent and you know the amounts.

If heating, lighting, cooking and hot water are included in your rent and you do not know the amounts, please tick the relevant boxes below.

| | | | |
|--|-----------|-------------------------------------|--------------------------|
| Does your rent include any of these things? <i>Tick the relevant boxes.</i> <i>If it does not, or if you have already taken amounts for these things off your rent, leave the boxes blank.</i> | Heating | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Lighting | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Cooking | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Hot water | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|-----|--------------------------|
| Do you have just one room? <i>Don't count rooms you share with people who are not part of your family.</i> | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |

| | | |
|-----------------------------------|-----|--------------------------|
| Does your rent include any meals? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |

| | |
|---|----------------------|
| How many breakfasts each week for each person? | <input type="text"/> |
| How many midday meals each week for each person? | <input type="text"/> |
| How many evening meals each week for each person? | <input type="text"/> |

Part 7 About where you live

| | | | |
|---|---|-----|------------------------------------|
| 7.5 | Do you or your partner have to pay Council Tax? | No | |
| | Don't include Council Tax for property you have told us about in Part 4 | Yes | GIVE DETAILS BELOW |
| Council tax reductions schemes | | £ | |
| Tell us the amount you actually pay. Don't include arrears, and in Scotland don't include water or sewerage rates. | | | |

| | | | |
|-----|--|-----|------------------------------------|
| 7.6 | Do you or your partner own your own home? | No | GO TO QUESTION 7.8 |
| | If you have a mortgage or secured loan, still tick Yes . Also tick Yes if you partly rent and partly own your home. | Yes | GO TO QUESTION 7.7 |

| | | | |
|---|--|-------|------------------------------------|
| 7.7 | Do you or your partner have a mortgage or loan secured on your home? | No | |
| | | Yes | GIVE DETAILS BELOW |
| How much do you pay for the mortgage or loan? | | £ | |
| Include any endowment premiums linked to the mortgage. Don't include premiums for any other type of insurance. Don't include arrears. | | every | |

| | | | |
|----------------------------------|---|-------|------------------------------------|
| 7.8 | Do you or your partner pay ground rent? | No | |
| | In Scotland this is called feu duty. | Yes | GIVE DETAILS BELOW |
| How much ground rent do you pay? | | £ | |
| Don't include arrears. | | every | |

| | | | |
|---|--|-------|------------------------------------|
| 7.9 | Do you or your partner have to pay any service charges for the place where you live? | No | |
| | Service charges are charges you have to pay to occupy your home for things like cleaning and maintenance of common areas, such as hallways and stairs. | Yes | GIVE DETAILS BELOW |
| How much do you pay? | | £ | |
| Don't include charges for ordinary gas, electricity, meals or cleaning of your own rooms. Don't include arrears, or any other bills that you pay separately from your service charges. Take off Housing Benefit if you get it. | | every | |
| What is it paid for? | | | |

| | | | |
|-----------------------------------|---|-------|------------------------------------|
| 7.10 | Do you or your partner have a loan to adapt your home for the special needs of a disabled person? | No | |
| | Tick No if the disabled person is an adult and has savings or property of more than £16,000. | Yes | GIVE DETAILS BELOW |
| How much do you pay for the loan? | | £ | |
| Don't include arrears. | | every | |
| Name of the disabled person | | | |

| | | | |
|------|---|-----|------------------------------|
| 7.11 | Are you or your partner living permanently in a care home? | No | GO TO Part 8 |
| | If you live in sheltered accommodation tick No and complete Question 7.4 . | Yes | |

| | | | |
|------|---|-----|--|
| 7.12 | Has the local authority assessed your resources, and as a result, you get help with the cost of your care home accommodation? | No | |
| | | Yes | |

[GO TO Part 8](#)

Part 8 People in full-time education

- We may ask you to state amounts of money you either receive or pay out. If you state a yearly amount, please specify whether you mean 52 weeks a year or academic year.
- If you are making this claim in the summer holiday, please send in a copy of last year's award notice and this year's award notice (if you have received it).

| | |
|------------|---------------------|
| You | Your partner |
|------------|---------------------|

| | | | | | | |
|------------|--|---------------------|--------------------------|------------|--------------------------|---------------------|
| 8.1 | Are you or your partner in full-time education? <i>Only tick Yes if you have actually started your course.</i> | | | | | |
| No | <input type="checkbox"/> | GO TO Part 9 | <input type="checkbox"/> | No | <input type="checkbox"/> | GO TO Part 9 |
| Yes | <input type="checkbox"/> | GIVE DETAILS BELOW | <input type="checkbox"/> | Yes | <input type="checkbox"/> | GIVE DETAILS BELOW |

| | |
|---|--|
| Qualification sought and whether post-graduate or undergraduate | |
| | |

| | |
|---------------------------------------|--|
| Name of school / college / university | |
| | |

| | |
|---|--|
| Exact dates of terms of current academic year <i>Please contact your college or university if you do not know them. We cannot accept semester dates. Terms are normally separated by Christmas and Easter holidays. It may delay your claim if you do not provide your exact term dates.</i> | |
|---|--|

| | | | | | | | | | | |
|--------|--------|------------|------|------------|--|--------|--------|------------|------|------------|
| Term 1 | starts | dd/mm/yyyy | ends | dd/mm/yyyy | | Term 1 | starts | dd/mm/yyyy | ends | dd/mm/yyyy |
| Term 2 | starts | dd/mm/yyyy | ends | dd/mm/yyyy | | Term 2 | starts | dd/mm/yyyy | ends | dd/mm/yyyy |
| Term 3 | starts | dd/mm/yyyy | ends | dd/mm/yyyy | | Term 3 | starts | dd/mm/yyyy | ends | dd/mm/yyyy |

| | | | | | | |
|--|--------------------------|---------------------------------|--------------------------|------------|--------------------------|---------------------------------|
| Are you in the final year or only year of your course? | | | | | | |
| No | <input type="checkbox"/> | Date when your next year starts | <input type="checkbox"/> | No | <input type="checkbox"/> | Date when your next year starts |
| | | dd / mm / yyyy | | | dd / mm / yyyy | |
| Yes | <input type="checkbox"/> | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | |

| | | | | | | |
|------------|--|--|--------------------------|------------|--------------------------|--|
| 8.2 | Are you or your partner an overseas student? | | | | | |
| No | <input type="checkbox"/> | | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Yes | <input type="checkbox"/> | What is your normal country of residence when not a student? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | What is your normal country of residence when not a student? |
| | | | | | | |

| | | | | | | |
|------------|---|--|---|------------|--------------------------|--|
| 8.3 | Are you or your partner's tuition fees paid by a local education authority (LEA), the Student Awards Agency for Scotland (SAAS) or the National Health Service (NHS)? | | | | | |
| No | <input type="checkbox"/> | Who pays? | <input type="checkbox"/> | No | <input type="checkbox"/> | Who pays? |
| Yes | <input type="checkbox"/> | Tick who pays | LEA <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | Tick who pays |
| | | SAAS <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | SAAS <input checked="" type="checkbox"/> |
| | | NHS <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | NHS <input checked="" type="checkbox"/> |

| | | | | | | |
|------------|--|--------------------|--------------------------|------------|--------------------------|--------------------|
| 8.4 | Have you or your partner applied to the LEA, SAAS, NHS or Student Loans Company for financial support? | | | | | |
| No | <input type="checkbox"/> | | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Yes | <input type="checkbox"/> | GIVE DETAILS BELOW | <input type="checkbox"/> | Yes | <input type="checkbox"/> | GIVE DETAILS BELOW |

| | |
|---|---|
| Tick each type of support you have applied for - tick even if it was not paid | |
| Tuition Fee support <input checked="" type="checkbox"/> | Tuition Fee support <input checked="" type="checkbox"/> |
| Loan support <input checked="" type="checkbox"/> | Loan support <input checked="" type="checkbox"/> |
| Grant support <input checked="" type="checkbox"/> | Grant support <input checked="" type="checkbox"/> |

Part 8 People in full-time education

8.5

What is the source of money you and your partner live on whilst you are in full-time education? Tick the relevant boxes below. More than one box may apply.



Please send us the evidence we ask for. We cannot deal with your claim without it. If you are unsure of what to send us, please phone our Customer Enquiry Line on 0300 330 1343 or visit our website at www.ppa.org.uk/ppa/low_income.htm

| | You | Your partner |
|---|-------------------------------------|-------------------------------------|
| Loan from Student Loans Company <i>Send us the financial assessment or support notification from Student Support Direct for you / your partner. It must be the financial assessment or support notification. We cannot accept the schedule of payments.</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Maintenance Grant <i>Send us the award notice showing how much you / your partner get.</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| NHS Bursary <i>Send us the award notice showing how much you / your partner get.</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nursing / Midwifery Diploma Bursary <i>Send us the award notice showing how much you / your partner get. Please don't send your monthly payslip.</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other Scholarship / Sponsorship / Award / Bursary <i>Send us the award notice showing how much you / your partner get.</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dependents Grants / Bursaries <i>Send us the award notice showing how much you / your partner get.</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Grant / loan from overseas <i>Send us the award notice showing how much you / your partner get. If the award notice is not written in English, please translate it.</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Money from part-time or full-time work <i>Please complete Part 6. It explains what you need to send us.</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| | You | Your partner |
|--|--|--|
| Money from parents <i>Include money received for rent and living expenses but do not include money received to pay tuition fees. Please be exact.</i> | <input checked="" type="checkbox"/> £ every | <input checked="" type="checkbox"/> £ every |
| Any other money <i>Do not include money for tuition fees.</i> | <input checked="" type="checkbox"/> £ every | <input checked="" type="checkbox"/> £ every |
| Who pays this money to you? | | |
| Relationship to you | | |

Part 8 People in full-time education

| | | | | |
|-----|--|-----|--------------------------|---------------------|
| 8.6 | Do you or your partner live with parents during term-time? | No | <input type="checkbox"/> | GO TO Part 9 |
| | | Yes | <input type="checkbox"/> | |

| | | | | |
|---|--|-------------------------------------|--------------------------|---------------------|
| 8.7 | Do you or your partner pay rent for the place where you live, for example money you pay for halls of residence or to a private landlord? | No | <input type="checkbox"/> | GO TO Part 9 |
| | | Yes | <input type="checkbox"/> | GIVE DETAILS BELOW |
| <p><i>If you pay money to parents, relatives or friends tick No and go to Part 9. We do not need to know about any money that you pay to them.</i></p> | | | | |
| How much do you pay? | | £ <input type="text"/> | | |
| <p><i>Take off amounts for heating, lighting, cooking and hot water if they are included in your rent and you know the amounts.</i></p> <p><i>If heating, lighting, cooking or hot water are included in your rent and you do not know the amounts, please tick the relevant boxes below.</i></p> | | every <input type="text"/> | | |
| Does your rent include any of these things? <i>Tick the relevant boxes.</i> <i>If it does not, or you have already taken amounts for these things off your rent, leave the boxes blank.</i> | Heating | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | Lighting | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | Cooking | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | Hot water | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Do you have just one room? | | No | <input type="checkbox"/> | |
| <p><i>Don't count rooms you share with other people who are not part of your family.</i></p> | | Yes | <input type="checkbox"/> | |
| Does your rent include any meals? | | No | <input type="checkbox"/> | |
| | | Yes | <input type="checkbox"/> | GIVE DETAILS BELOW |
| How many breakfasts each week for each person? | | <input type="text"/> | | |
| How many midday meals each week for each person? | | <input type="text"/> | | |
| How many evening meals each week for each person? | | <input type="text"/> | | |

| | | | | |
|----------------------|---|----------------------------|--------------------------|--------------------|
| 8.8 | Do you or your partner pay rent for your term-time address during your Christmas and Easter holidays? | No | <input type="checkbox"/> | GIVE DETAILS BELOW |
| | | Yes | <input type="checkbox"/> | |
| How much do you pay? | | £ <input type="text"/> | | |
| | | every <input type="text"/> | | |

| | | | |
|-----|--|-----|--------------------------|
| 8.9 | Do you or your partner live in your student accommodation during the summer holiday? | No | <input type="checkbox"/> |
| | | Yes | <input type="checkbox"/> |

GO TO **Part 9**

Use this space to tell us anything else that you think we might need to know about you and your partner (if you have one).

For example tell us:

- what you are living on if you have not declared any income
- if you have an Invacar or a car on the mobility scheme
- if you pay a charitable or voluntary organisation for someone to live with you and look after either of you
- if you have money added to a student grant / loan because you are deaf
- if you are registered blind
- if you know the amount your benefit or pension is going to increase. Tell us what you get now at **Part 5** and the new amount and the date of the increase below

And also use this space to tell us anything else you think we might need to know about.



**NOW COMPLETE YOUR APPLICATION BY SIGNING THE
DECLARATION AT **Part 10** ON THE NEXT PAGE**

[Empty rectangular box for providing other information]



**NOW COMPLETE YOUR APPLICATION BY SIGNING THE
DECLARATION AT **Part 10** ON THE NEXT PAGE**

Part 10 Declaration

WARNING

False information may lead to civil or criminal action. The person signing this form is expected to use reasonable care to make sure the information given is correct. Anyone found to have wrongly claimed help with NHS Health Costs will have to pay a Penalty Charge or may face prosecution.

Please read the declaration and sign and date **Box 10A** below

Information in relation to this claim may be sought from and disclosed to my partner (if applicable) as named on this form. I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. For the purpose of checking this, I consent to the disclosure of relevant information, including to and by the Department for Work and Pensions and Local Authorities.

| | | | | | |
|----------------|-----------|--|------|---|---|
| Box 10A | Signature | | Date | / | / |
|----------------|-----------|--|------|---|---|

Part 10B - IF YOU ARE CLAIMING ON BEHALF OF SOMEONE ELSE

You may only make a claim on behalf of someone else for the reason stated below. You are responsible for making sure the information is correct. You should read the declaration and sign and date **Box 10B** below. If you are unsure whether you are able to sign, please phone our Customer Enquiry Line on **0300 330 1343**.

I am responsible for this persons financial affairs because they have learning difficulties or a condition that prevents them from managing their own affairs

*If you are filling in the form for somebody, and this reason does not apply, they should tell you what to write for them and they should sign or make their mark in **Box 10A** .*

I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. For the purpose of checking this, I consent to the disclosure of relevant information, including to and by the Department for Work and Pensions and Local Authorities. This is my claim for help with health costs on behalf of the person named in **Part 1** .

| | | | | | |
|----------------|-----------|--|------|---|---|
| Box 10B | Signature | | Date | / | / |
|----------------|-----------|--|------|---|---|

Your Name

Your Address

Postcode

Telephone no.

Your relationship to the person in **Part 1**



WHEN YOU HAVE COMPLETED THIS FORM

Remember we can deal with your claim more quickly if we get all the information we ask for. Use the tick boxes to check that you have completed the form as fully as possible.

- | | |
|---|-------------------------------------|
| I have answered all the questions that apply to me | <input checked="" type="checkbox"/> |
| I have attached the payslips as requested at Part 6 (if applicable) | <input checked="" type="checkbox"/> |
| I have attached my student award notices requested at Part 8 (if applicable) | <input checked="" type="checkbox"/> |
| I have signed the declaration above | <input checked="" type="checkbox"/> |

Your claim is not valid unless it is signed and dated