

Claim form for Council Tax Reduction - Universal Credit

☎ 0300 100 1800

www.scotborders.gov.uk

customeradvice@scotborders.gov.uk

Your name and the address you want to claim for

For office use only

Issue date / /

Contact date / /

Claim number

Your mobile phone number

Your daytime phone number

Your email address



- Please answer all the questions that apply to you. You must answer every question where there are 'Yes' and 'No' tick boxes.
- Do not delay in returning your claim form. Any entitlement will usually apply from the Monday after the day we receive your claim.
- We need to see original documents as proof. Details of the evidence we need are given at the end of each part of this form. If you do not currently have the evidence we need, you should still apply and provide the evidence within one month.
- If you rent your home and do not receive Universal Credit Housing Element, you should fill in 'Claim form for help with your rent and Council Tax'.
- If you are a full-time student, you should not be legally responsible for paying Council Tax. Any applications for Council Tax Reduction must be made by the person legally responsible for paying Council Tax. If you are a single person, you should apply for an exemption for Council Tax. Please contact Customer Advice and Support to ask for this.

Do you have a partner who normally lives with you?

No

Yes

A partner means a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner. (A civil partnership is a formal arrangement that gives same-sex partners the same legal rights as a married couple.) If you answered 'Yes', you must answer each of the following questions for you and your partner.

When did you buy or start renting your home?

You

Your partner

When did you move in?

Part 1: About you and your claim

You

Your partner

Title (Mr, Mrs, Ms, Miss and so on)

Surname

First name

Any other names you have been known by

Date of birth

National Insurance number

We must see evidence of this.

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Have you come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

If 'Yes', we will write to you about this.

No Yes

No Yes

What is your nationality?

If you are not British, when did you last enter and apply to stay in the UK?

What was your previous address?

Tell us whether you were a homeowner, a tenant or a lodger at that address.

If you were a homeowner or a tenant, please tell us when your ownership or tenancy ended.

When did you move out of that address?

Have you claimed Housing Benefit, Local Housing Allowance, Council Tax Benefit or Council Tax Reduction in the past?

No Yes

No Yes

When did you last claim?

Which council did you claim from?

What name did you use on the claim?

What address did you claim for?

If you claimed from another council, have you told them you have moved from this address?

No Yes

No Yes

Part 1: About you and your claim (continued)

Ethnic background

Under the Race Relations Act we have to gather details of our clients' backgrounds. We use this information to help us with our equal opportunities policies. This information is confidential and we will only use it to improve access to our services and help provide equal opportunities for everyone. You do not have to fill in this part of the form.

Which background do you feel you belong to?

Arab Any Arab background	<input type="checkbox"/>	Chinese Any Chinese background	<input type="checkbox"/>	White Any white background	<input type="checkbox"/>
Gypsy or Traveller Gypsy or Traveller	<input type="checkbox"/>	Other Explain	<input type="text"/>		
Asian Bangladeshi	<input type="checkbox"/>	Mixed Asian and white	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Black African and white	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Black Caribbean and white	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Part 2: About you and your partner

	You		Your partner	
Do you get Disability Living Allowance, Personal Independence Payment, Attendance Allowance or Adult Disability Payment?	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Do you have a vehicle from a mobility scheme?	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Are you registered blind?	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Does anyone get Carer's Allowance for looking after you?	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Have you ever been told that you are entitled to Carer's Allowance even if you do not receive it because you are getting another benefit instead?	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Have you or your partner recently applied for Employment and Support Allowance but not received it because your income is too high or you have not paid enough National Insurance contributions?	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Do you have a severe mental illness or form of dementia?	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Part 3: Children

We need to know about any children in your household who are:

- under 16;
- aged 16, 17, 18 or 19 and on a Skillseeker course, a 'Get Ready for Work' course or a Modern Apprenticeship, and who Child Benefit is still paid for; or
- aged 16, 17, 18 or 19 and in education doing a course not higher than GCE, SCE higher level or GNVQ (advanced) and who Child Benefit is still paid for.

Are there any children as described above in your household?

No

Go to part 4.

Yes

1st child

2nd child

Surname

First name

Date of birth

Sex

The child's relationship to you

The child's relationship to your partner

Who gets Child Benefit for them?

3rd child

4th child

Surname

First name

Date of birth

Sex

The child's relationship to you

The child's relationship to your partner

Who gets Child Benefit for them?

Part 3: Children (continued)

	5th child	6th child
Surname	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Sex	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>
Who gets Child Benefit for them?	<input type="text"/>	<input type="text"/>

If there are more than six children, please use part 6 on page 9 to give us all the information we ask for in this part.

Are any of the children registered blind?

No Yes

If 'Yes', please give their names.

Do any of the children get Disability Living Allowance or Child Disability Payment?

No Yes

If 'Yes', please give their names.

Do you or your partner pay childcare costs to a registered childminder, nursery or after-school club?

No Yes

If 'Yes', please ask for a childcare costs form which your childcare provider must fill in and sign.

Part 3: Children – help with school meals, clothing and footwear

If you have children of school age, you may be entitled to free school meals and a grant for school clothing and footwear, depending on the type of benefit or tax credit you receive.

Please fill in the boxes below with details of the children you would like to claim for and tick what you would like to claim for each child.

The clothing grant is only paid once a school year for each child between August and the following March.

Child's name	School they go to	Free school meals	School clothing and footwear grant
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Children - help with school meals, clothing and footwear (continued)

Type of benefit you or your partner receive (tick as appropriate)

Income support	<input type="checkbox"/>	Child Tax Credit only with an income of less than £17,005 a year	<input type="checkbox"/>
Income-based Jobseeker's Allowance	<input type="checkbox"/>	Working Tax Credit and Child Tax Credit with an income of less than £7,920 a year	<input type="checkbox"/>
Income-related Employment and Support Allowance	<input type="checkbox"/>	Universal Credit with earnings less than £660 a month	<input type="checkbox"/>
Support under Part VI of the Immigration and Asylum Act 1999	<input type="checkbox"/>	Child Tax Credit and Working Tax Credit with an income of less than £17,005 (clothing grant only)	<input type="checkbox"/>

Your annual income amount will be shown on your tax credit award letter. Please make sure you send all pages of your award notice when applying for either free school meals or clothing grant.

Bank account details for paying the school clothing and footwear grant

Name of account holder

Bank name

Bank address

Sort code Account number

Part 4: About other people who live with you

Do any adults usually live with you and your partner?

By adults we mean people over 16 who nobody gets Child Benefit for.

No Go to **Part 5**

Yes Fill in this section

If there are more than two people, use part 6 on page 9 to give us all the information we ask for in this part.

Part 4: About other people who live with you (continued)

	1st person	2nd person
Title (Mr, Mrs, Ms, Miss and so on)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
National Insurance number	<input type="text" value=" "/> <input type="text" value=" "/> <input type="text" value=" "/> <input type="text" value=" "/> <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> <input type="text" value=" "/> <input type="text" value=" "/> <input type="text" value=" "/> <input type="text" value=" "/> <input type="text" value=" "/>
Their relationship to you and your partner Some examples are aunt, brother, grandson, lodger, joint tenant, joint owner or friend.	<input type="text"/>	<input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much?	£ <input type="text"/> a week	£ <input type="text"/> a week
Do they get Income Support, income-based Jobseeker's Allowance or income-related Employment and Support Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Universal Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance, Personal Independence Payment, Attendance Allowance or Adult Disability Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training? We must see evidence of this.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please tell us which.	<input type="text"/>	<input type="text"/>
Do they have a severe mental illness or form of dementia?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Part 4: About other people who live with you (continued)

1st person

2nd person

Are they in legal custody?

No Yes

No Yes

If 'Yes', from what date?

/ /

/ /

When do you expect them to come out?

/ /

/ /

Are they in hospital at the moment?

No Yes

No Yes

If 'Yes', when did they go in?

/ /

/ /

When are they due to come out (if you know)?

/ /

/ /

Do they normally work?

No Yes

No Yes

How many hours do they normally work each week?

hours

hours

How often are they paid?

Do they have any other income at all?

No Yes

No Yes

This includes any **benefits** or **allowances** you have not told us about on this form and **interest from savings and investments**.

If 'Yes', please tell us about it in the table below.

Who receives this income?	Where does it come from?	How much?	How often?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are any of the people who normally live with you married to each other or living together as if they were married?

No Yes

We call these people partners.

If 'Yes', tell us their names.

If there are more than two partners, please use part 6 on page 9 to give us all the information we ask for in this part.

Part 5: About your Universal Credit

You

Your partner

If you or your partner are not currently working, please confirm the date you last worked.

/ /

/ /

Are you or your partner getting Universal Credit at the moment?

No

Yes

No

Yes

If you answered 'Yes', when did you start getting it?

/ /

/ /

Are you or your partner still waiting to hear about a claim for Universal Credit?

No

Yes

No

Yes

If 'Yes' when did you claim?

/ /

/ /

Part 6: Anything else you need to tell us

Please use the space below to tell us anything else you think we should know about or anything which will change in the future (for example, if you are pregnant, the number of hours you work will increase or someone will be moving in or out).

Part 6: Anything else you need to tell us (continued)

Part 7: Backdating

We can usually pay your award from the Monday after the day we receive your claim. It may be possible to backdate your award for up to:

- three months from the date you ask us if you are of pensionable age (this can usually be awarded automatically.); or
- six months from the date you ask us if you are under pensionable age and there is a good reason why you did not claim earlier.

Date you want Council Tax
Reduction from

Were your circumstances the same
as on this form from that date?

No

Yes

If you are under pensionable age and would like us to backdate your award, please tell us why you have not claimed earlier. If it is due to a medical condition, please provide evidence from your doctor or health professional. Your reasons for not claiming earlier must apply throughout the backdated period and you will need to provide evidence, if available.

(If you do not fill this in, we will not consider backdating your claim.)

Part 8: Evidence

- **Evidence of their Universal Credit**
Such as a screen print from your online journal. You can get this by logging in to www.gov.uk/sign-in-universal-credit.
- **Evidence of them being registered blind**
Registration document or certificate.
- **Evidence of their severe mental illness or form of dementia**
Letter from their doctor confirming their condition and the date they were diagnosed.
- **Evidence of their student status, them being an apprentice or care worker, or them being on youth training**
Student – student certificate from their college or university. (We can send you a form for their college or university to fill in.)
Apprentice or youth training – letter from their employer, college or training provider.
Care worker – letter from their employer or the care organisation.

We must see **original documents**, not copies.

	Document(s) provided	Document(s) requested	Initials	NA
Universal Credit				
Reg blind				
SMI				
Student etc				

Part 9: Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, ask them to sign this form as well, as this will help us to process your claim more quickly.

Please read this declaration carefully before you sign and date it.

- **I declare** that the information I have given on this form is correct and complete. I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I know** that I must let you know in person, over the phone or in writing about any change in my circumstances which may affect my claim.
- **I agree** that you will use the information to work out if I can get a discount on my Council Tax.

To find out how we will process and use your personal information in connection with this request, please see our Privacy Notices at www.scotborders.gov.uk/CASSPrivacyNotices

If you would like a printed copy you can contact us by telephone on **0300 100 1800**.

Signature of the person claiming

Your partner's signature

Date

 / /

Date

 / /

I agree that your Financial Inclusion & Support Service can use my form to work out if I can get any other state benefits.

Part 9: Declaration (continued)

If this form has been filled in by someone other than the person claiming, please tell us why you are filling in this form for the person claiming before signing the declaration below.

I declare that, as far as possible, I have checked with the person claiming that the answers written on this form are correct.

Name of the person who filled in this form

Signature

Relationship to the person claiming

Date

Contact address and phone number

Part 9: Declaration (continued)

You should now have:

- filled in this claim form; and
- collected any evidence to support your claim.

You should now return the form to your nearest council contact centre as shown below.

- When we have your form and all the proof we need, we will assess your claim for Council Tax Reduction.
- We will send you a decision notice. You should read this and make sure you are happy with the outcome of your claim. We will take any Council Tax Reduction awarded from your Council Tax bill and you will receive an amended bill. In some cases this may change the instalment amounts. If this applies, this will be shown on your new bill.
- If you are unhappy with the outcome of your claim, you can ask us to look at the decision again or you can appeal against it. Details of how to do this will be printed on the back of your decision notice.

Contact information

By phone: **0300 100 1800** during office hours

You can find out the phone times from our website at www.scotborders.gov.uk/contact

By email: **customeradvice@scotborders.gov.uk**

Online: You can use our online benefit calculator or find out more about Housing Benefit, Local Housing Allowance and Council Tax Reduction at **www.scotborders.gov.uk**.

You can find out the opening times from our website at www.scotborders.gov.uk/contactcentres or by calling **0300 100 1800** and following the appropriate instructions. They are also displayed at each office.