

Housing Benefit & Council Tax Benefit Evidence of State Benefits form



So that we can decide on your right to benefit, we need evidence of the state benefits you receive.

If you fail to supply this information it may mean delays in working out your claim, or even loss of benefit. If you are unable to supply this information, you must contact the Revenues & Benefits Service, immediately, for further advice on 01843 577552.

Part A – please fill in this part yourself

Benefits claim number: _____

Claimant's full name: _____

Address: _____

If you are not the claimant, what is your full name? _____

What is your relationship to the claimant, for example partner, non-dependant and so on?

National Insurance Number:

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Returning this form – When Part A and Part B have been filled in, please return this form to:
Revenues & Benefits Service, Thanet District Council, PO Box 9, Cecil Street, Margate, Kent CT9 1XZ

Part B - This part to be filled in by the Department for Work and Pensions

	Per Week £ . p	With effect from
Jobseeker's Allowance (Contribution-Based)		
Jobseeker's Allowance (Contribution-Based) with Severe Disability Premium		
Jobseeker's Allowance (Income-Based)		
Jobseeker's Allowance (Income-Based) with Severe Disability Premium		
Income Support		
Income Support with Severe Disability Premium		
Employment and Support Allowance (Income-Related)		
Employment and Support Allowance (Contribution-Based)		
Short-Term Incapacity Benefit		
Long-Term Incapacity Benefit		
Maternity Allowance		
Invalid Care Allowance		
Severe Disablement Allowance		
Disablement Benefit (Industrial Injuries)		
Disability Living Allowance (Care Component): <i>Low / Middle / High *</i>		
Disability Living Allowance (Mobility Component): <i>Low / High *</i>		

** Please delete as appropriate*

Certified that the above information is correct:

Print name:		Office stamp:
Job title:		
Extension number:		
Signed for DWP:	Date	