



An Owner Occupier

Iam

# Executive HB1 Housing Benefit claim form for New Claims

I wish to claim Housing Benefit

Issued by:

Yes No

You must complete all the sections of this form that apply to you.

Do not use this form if you currently receive Housing Benefit and you are moving home.

You need to complete a change of address form instead.

Please select one from the list below:

Date Form issued to claimant

Please note you can complete a new application or a change of address form using our online forms on our website. Please visit: nihe.gov.uk

| A Housing Executive Tenant A Housing Association Tenant A Private Tenant A Hostel Resident A Single Let temporary accommody NIHE or Social Services A Hotel or Bed and Breakfast Other  Land and Property Services (LPS If you own and occupy your ow Telephone: 0300 200 7801 (calls) | ) assess entitlement to London Home and you would I | Yes No  I wish to o  Yes No  Yes No  One Pensioner All ike to apply for Li | claim Lone Pensioner Allowance  o  o  o  o  o  o  o  o  o  o  o  o  o  | 5.   |
|--|---|--|--|------|
| Text Relay: 18001 0300 200 780   | 1 / <b>Email:</b> applicationbas                    | sed.raterelief@fin   |  |      |
|  | tion about you and any p                            | oartner you may h  | ave. By partner we mean someone<br>f you were married or civil partner |      |
| , 1  | YOU   |  | YOUR PARTNER   |      |
| Title (Mr, Mrs, Ms, other)   | 100   |  | TOOR FARTINER  |      |
| First name   |   |  |  |      |
| Last name  |   |  |  |      |
| Other names used   |   |  |  |      |
| Date of Birth  |   |  |  |      |
| National Insurance Number  |   |  |  |      |
| Home telephone number  |   |  |  |      |
| Work telephone number  |   |  |  |      |
| Mobile telephone number  |   |  |  |      |
| Email address  |   |  |  |      |
| Where you declare an email aduse this email address to send y  |   |  | ng that the Housing Executive ca and correspondence.                   | n    |
| Address for which you are now claiming Housing Benefit   | Post Code   |  |  |      |
| If you are a tenant, what date d   |   |  |  |      |
| What date did you move into the  |   |  |  |      |
| If not yet moved in when do yo   |   |  |  |      |
| If you or your partner have previ<br>was made  | ously claimed Housing B                             | Benefit please give  | e us the address from which that o                                     | laim |
| YOU  |   | YOUR PARTNER   |  |      |
| Post Code  |   | Post Code  |  |      |
| Claim Reference Number   |   |  |  |      |

## FRAUD WARNING

## Before you complete your claim for Housing Benefit:

You should be aware that the Housing Executive will check the information you provide against a range of other government databases including the Social Security Agency and HM Revenue and Customs. These checks will be carried out by computer when we first assess your claim and regularly during the life of the claim. It is therefore in your interest to answer all necessary questions on this form fully. If you have any doubts about any aspect of your circumstances you should seek written clarification from the Housing Executive.

## Who can claim Housing Benefit/Rate Relief from the Housing Executive?

Housing Benefit helps people on a low income who have to pay housing costs for the property they live in.

You can **only** make a new claim for Housing Benefit and Rate Relief if you live in the rented sector or if you own and occupy your own home and you:

- Are of State Pension Credit Age or older (if you have a partner you both need to be of pensionable age to apply for Housing Benefit);
- live in temporary accommodation that the Housing Executive has placed you in; or
- live in supported accommodation (including sheltered housing for older people).

## Filling in this form

Please answer all of the questions on this form, if any question does not apply to you answer No and you will be directed to the next question. You **must** answer all of the Yes or No questions. If you do not answer all of the questions that apply to you or your answers are unclear it may take the Housing Executive longer to calculate how much Housing Benefit you are entitled to.

If you are not a Housing Executive or Housing Association tenant please ask your landlord to complete the Certificate of Occupation which can be detached from the centre of this form.

## **Returning this form**

This form must be returned as soon as possible otherwise you may lose money. This is because there are strict rules as to when Housing Benefit/Rate Relief can be paid from; this is usually the Monday following the date the form is received. If you think your claim for Housing Benefit/Rate Relief should start before the above date please complete Part 2.

#### Where you should return the form

It is always best to send, or take, the completed claim form to your nearest Housing Benefit office, these are shown below

| BALLYMENA         | Twickenham House, Mount Street, Ballymena, BT43 6BP        |
|-------------------|--|
| BELFAST           | 4th Floor Housing Centre, 1-11 May Street, Belfast BT1 4NA |
| CRAIGAVON         | Marlborough House, Central Way, Craigavon, BT64 1AJ        |
| DERRY/LONDONDERRY | Richmond Chambers, The Diamond, Londonderry, BT48 6QP      |
| NEWTOWNARDS       | Strangford House, 28 Court Street, Newtownards, BT23 7NX   |
| OMAGH             | MacAllister House, Woodside Avenue, Omagh, BT79 7BP        |

#### Remember you must sign and date the form in Part 12 before returning it.

#### **Data Protection**

The Housing Executive protects your personal information in accordance with General Data Protection Regulation and the Data Protection Act 2018. You have a right to know how we collect and use your personal information. These details can be found in our Privacy Notice which is on our website <a href="https://www.nihe.gov.uk/privacy\_notice">www.nihe.gov.uk/privacy\_notice</a> or we can post or email a copy to you.

## HOUSING BENEFIT CHANGES IN CIRCUMSTANCES

## Your duty to tell us about changes in circumstances

You **must** tell us immediately of any changes in circumstances relating to you, your partner, or anyone else living in your home.

If a change would mean you are entitled to **more** housing benefit, **you must report the change within one month of when it actually occurs,** otherwise we may only be able to consider the change from the Monday after the date you report it.

If a change means you are entitled to **less** housing benefit, we will apply this from the Monday after the date that change occurred. You would then have to repay any overpayment.

If you fail to report a change you may be committing an offence which could result in court action being taken against you

You can report a change by phone 03448 920 902 / text phone 18001 03448 920 902, online (nihe.gov.uk), or in writing to your Housing Benefit office.

## The types of changes that you must report to us would include:

- If you change address, even if this is to another room in the same property
- If you sign over ownership of your property but you still have a right to reside
- If you, your partner, or anyone else living in your home starts or stops receiving Income Support, Jobseeker's Allowance (income-based), Employment Support Allowance (income-related), Guaranteed Pension Credit or Universal Credit
- If the amount you, your partner, or anyone else living in your home earns increases or decreases (including changes related to furlough pay or Job Support Scheme payments during Covid-19), if there is a change in the number of hours worked, if there is a change in employer or if a second job is taken on
- If there is any change to income, benefits or tax credits for you, your partner, or anyone else living in your home
- If there is a change in the amount or type of capital / savings / investments / shares held by you or your partner including if you or your partner inherit property or land etc.
- If you, your partner, or anyone else living in your home starts or stops receiving a private / occupational pension, or if the amount paid changes
- If anyone starts or stops receiving Carer's Allowance for looking after you or your partner
- If you or your partner starts or stops receiving Carer's Allowance for looking after someone
- If you start or stop paying childcare costs or the amount paid increases or decreases
- If you have another child, any of your children leave school or leave home, if you or anyone else living in your home becomes responsible for another child
- If anyone moves into or out of your home, including lodgers, sub-tenants and joint tenants, or there is a change in the make-up of your tenancy
- If you, your partner, or anyone else living in your home starts or stops being a student or starts or ends a training course
- If the amount of rent or rates you have to pay increases or decreases
- If you, your partner, or anyone else living in your home is going to be temporarily absent from the property (for example going into hospital or a nursing home, going into prison, going on an extended holiday, providing or receiving care). It is vital you contact us if this is outside Northern Ireland
- If you receive any decision from the Home Office in relation to a right to reside in the United Kingdom
- If you need an additional room for a carer or if you were allowed an additional room for a carer (or team of carers) staying overnight in your home and this is no longer needed
- If you were allowed an additional room because you, your partner or anyone else living with you could not share a room because of a disability or medical reason and this is no longer the case or if you require an additional bedroom because of the inability of 2 people to share

#### **Evidence you must supply**

So that we can be sure that we are paying you the right amount of Housing Benefit/Rate Relief we need to see certain evidence relating to you, your partner, your family and your financial circumstances. What we need to see will vary according to the particular circumstances of your case but we will always tell you what we need to see. If you do not provide all the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one, and in some instances for children and other people living in your home.

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim but we will not be able to pay you any benefit until we have all the evidence. A general guide to what evidence is required is given below but remember that we look at each case individually and may require more or less evidence depending on your circumstances.

Please note where you are required to give us evidence in relation to your claim, this can be done electronically. Please see Point 8 of this section for more information.

## 1. Proof of your and your partner's identity

You do not need to provide proof of identity if you are:

- 1) a Housing Executive tenant or
- 2) a Housing Association tenant or
- 3) receiving Income Support / Income Based Jobseekers Allowance / Income Related Employment & Support Allowance or Guaranteed Pension Credit or
- 4) a homeless Full Duty Applicant or
- 5) a person who received housing benefit in the last three years

If one of the 5 options above applies, go to Point 2 of this section.

# If none of the 5 options listed above applies to you, then you must provide evidence of your identity as set out in the table below.

If you have a partner you must provide evidence of their identity also:

| Primary (photographic documents)   | Or | Secondary  |
|--|----|--|
| <b>One</b> of the following forms of photographic identity which must be current and valid   |    | If you cannot provide photographic evidence as set out in the column to the left, you must provide <b>TWO</b> of the following documents:  |
| <ul> <li>Passport*;</li> <li>NI / GB / Ireland driving licence;</li> <li>National identity card from an EU member state;</li> <li>Electoral identity card;</li> <li>Translink over 60 Smartpass</li> <li>Translink Senior Smartpass</li> <li>Translink Y-Link Card</li> <li>Construction Skills Identity Card</li> <li>Student card</li> <li>Work pass issued by a government Department, Agency or Local Authority</li> <li>*EEA nationals or other world nationals MUST produce a passport or European National Identity Card when providing proof of identity.</li> </ul> |    | <ul> <li>Birth certificate</li> <li>Credit / debit card</li> <li>Bank statement</li> <li>Divorce / annulment papers</li> <li>Home Office Standard Acknowledgement Letter</li> <li>Identity card issued by an EC / EEA member state</li> <li>Letter from solicitor / social worker / probation officer / Inland Revenue / PSNI</li> <li>Life assurance or insurance policies</li> <li>Marriage certificate</li> <li>Medical card</li> <li>National Insurance Number card</li> <li>UK Residence Permit</li> <li>Utility bill for previous quarter</li> <li>Wage slip from current employer</li> <li>Current and valid driving licence (not NI / GB / Rol)</li> </ul> |

#### 2. Evidence of Capital, Savings and Investments

If you have stated that your total capital is under £5000 and you are working age or under £9000 and you are state pension age, then we will assess your Housing Benefit based on that declaration. However, we will seek evidence of the amounts at a later date. Where you exceed the £5,000 or £9,000 value stated above, you must provide the following evidence for each item that applies to you and your partner.

- statements and books which show bank account details for at least the last three months (this includes accounts you hold with a bank, building society, credit union and/or post office)
- certificates for Premium Bonds, National or Ulster Savings Certificates, ISAs, stocks, shares and unit trusts
- a letter from your solicitor or mortgage holder confirming ownership or part ownership of all property

YOU MAY NOT BE ENTITLED TO HOUSING BENEFIT IF THE VALUE OF YOUR SAVINGS, CAPITAL AND INVESTMENTS EXCEEDS £16,000. THIS RULE WILL NOT APPLY HOWEVER IF YOU RECEIVE GUARANTEE PENSION CREDIT

## 3. Evidence of earnings

If you (or your partner) are working you must provide

- your last five weekly, three fortnightly or two monthly payslips; or
- a certificate of earnings signed by your employer (there is one attached at the back of this form)

If you (or your partner) are self-employed you must provide,

- your most recent yearly accounts; or
- a completed self-employed income form (also available from your local office); and business bank account statements for the past two months

## 4. Evidence of other income you receive

#### **Benefits and allowances**

Send us your Child Tax Credit notification letter if you have more than two children in your household and your Child Tax Credit assessment is calculated on more than 2 children.

#### **Pensions**

If you receive a private or occupational pension for you and / or your former partner / spouse you must provide us with evidence (an advice slip or a letter showing the amounts)

#### Other

You must provide evidence of all of the following statements that apply to you:

- Court order award notices or Child Support Agency letters giving details of maintenance
- · Letters from absent parents confirming maintenance they pay to you if no court order has been made
- Insurance policy or home income plan details

#### 5. Evidence of payments you make

If you pay for childminding we can take this into account when calculating Housing Benefit but only where your childcare payments are made to one of the following:

- a) A registered child minder
- b) A foster parent providing childcare to a child other than their own foster child under the Foster Placement (Children's Regulations (NI) 1996)
- c) A domiciliary care worker as long as they are providing the care under the Domiciliary Care Agencies Regulations (NI) 2007
- d) Out of school hours service provided by a school (on school premises), the Education Authority or a Health and Social Services Trust
- e) A person, not a relative of the child, who carries out the care wholly or mainly in the child's home (a childminding certificate is not required in this instance but we will require a statement from that person confirming hours worked and money received).

#### Proof we need in relation to childminding

A childminding certificate of registration (not for option e) above) and confirmation from your child care provider(s) detailing the name(s) of the child(ren) they look after and confirmation of the payments they have received for doing this work.

#### **Contributions to Student Loans**

If you make a parental contribution towards a student loan for your child, please submit evidence of this.

## 6. Evidence of private rent and tenancy (for private tenants only)

The Certificate of Occupation (which is included in this application form) should be completed by your landlord or their agent and sent to us.

In exceptional circumstances we will accept the tenancy agreement signed by you and by your landlord or their agent.

## 7. Evidence of Rate Liability (for owner occupiers only)

If you own and occupy your home, you must send us your current rate bill showing your annual rate charge.

#### 8. Submitting Evidence electronically

**Step 1:** Take a photo of the evidence you wish to submit using your smartphone / laptop / electronic device.

**Step 2:** Using that smartphone / laptop / electronic device access the internet and type *nihe.gov.uk* into the browser bar to open the Housing Executive's home page.

**Step 3**: On the home page click 'Apply'

**Step 4:** From the drop down menu click on 'Submit Housing Benefit Evidence' – this opens a form which allows you to submit the evidence you have photographed.

You can also make your *claim for Housing Benefit online*. On the Housing Executive's home page click 'Apply' and from the drop down menu click on 'Claim Housing Benefit'.

| <b>PART 2. –</b> | About | backo | dating |
|------------------|-------|-------|--------|
|                  |       |       |        |

| PART 2. – About backdating   |  |     |   |
|--|--|-----|---|
| We can usually only pay Housing Benefit from the Monday following the dat<br>in certain circumstances we can backdate for a limited period. If you would li<br>benefit, please tell us why you did not claim earlier in the space below. | The state of the s |     |   |
|  |  |     |   |
|  |  |     |   |
|  |  |     |   |
|  |  |     |   |
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|  |  |     |   |
|  |  |     |   |
|  |  |     |   |
|  |  |     |   |
|  |  |     |   |
| What date would you like your claim backdated to   |  |     |   |
|  |  |     |   |
| PART 3. – More information about you and your partner  |  |     |   |
| · · ·  |  |     |   |
| We need some information to see if we can pay you Housing Benefit so every   |  | _   | 9 |
| questions. In the questions below the UK means England, Northern Ireland, S  | SCOURING AND WATES   | ٠.  |   |
| Do you have British or Irish nationality?  | YES  | NO  |   |
| If yes, have you lived abroad within the last 6 months?  | YES  | NO  |   |
| If yes, what date did you return to live in the UK?  | 123  | 110 |   |
| If not British or Irish, please state your nationality   |  |     |   |
|  |  |     |   |
| What date did you last enter the UK?   |  |     |   |
| Please select from the list below the type of immigration status you hold.   |  |     |   |
| (We will write to you for evidence of this)  |  |     |   |
| Indefinite leave to enter / remain   |  |     |   |
| Limited leave to enter / remain  |  |     |   |
| Settled status under the EUSS  |  |     |   |
| Pre-settled status under the EUSS  |  |     |   |
| The settled status direct the Loss   |  |     |   |
| Does your partner have British or Irish nationality?   | YES  | NO  |   |
| If yes, has he/she lived abroad within the last 6 months?  | YES  | NO  |   |
| If yes, what date did he/she return to live in the UK?   | 1.20   | 10  |   |
| If not British or Irish, please state his/her nationality  |  |     |   |
| If yes what date did he/she last enter the UK?   |  |     |   |
| if yes what date did fie/she last effer the ox:  |  |     |   |
| Please select from the list below the type of immigration status your partner  | er holds   |     |   |
| (We will write to you for evidence of this)  |  |     |   |
| Indefinite leave to enter / remain   |  |     |   |
| Limited leave to enter / remain  |  |     |   |
| Settled status under the EUSS  |  |     |   |
| Pre-settled status under the EUSS  |  |     |   |
|  |  |     |   |

Please tick if any of the following apply to either you or your partner.

| Have a vehicle from a mobility scheme e.g. Motability                        |  |
|--|--|
| Entitled to but not currently being paid Carers Allowance                    |  |
| Have someone who is receiving Carers Allowance to look after me/us           |  |
| Have a carer who lives somewhere else but provides overnight care in my home |  |
| Are registered blind   |  |
| Recently left care provided by Social Services                               |  |

If you or your partner has moved home within the last 12 months, we need to know about your last address but only if it is different from the address you are now claiming from.

|   | YOU       | YOU |           | YOUR PARTNER |  |
|---|-----------|-----|-----------|--------------|--|
| What was your last address?               |           |     |           |              |  |
|   | Post Code |     | Post Code |              |  |
| Were you an NIHE tenant?                  | YES       | NO  | YES       | NO           |  |
| Were you a Housing<br>Association Tenant? | YES       | NO  | YES       | NO           |  |
| Did you rent from a Private Landlord?     | YES       | NO  | YES       | NO           |  |
| Were you a home owner?                    | YES       | NO  | YES       | NO           |  |
| Was this your marital home?               | YES       | NO  | YES       | NO           |  |
| Did you live with parents?                | YES       | NO  | YES       | NO           |  |
| Other – please specify                    |           |     |           |              |  |

## **PART 4. - Monitoring Information**

The Housing Executive aims to deliver a completely fair and impartial service to everyone regardless of political affiliation, religious belief, ethnic origin or sexual orientation. Collecting some basic information concerning your religion and ethnic origin will help us monitor if we are achieving this.

YOU DO NOT HAVE TO ANSWER THESE QUESTIONS AND YOUR APPLICATION WILL NOT BE AFFECTED IF YOU CHOOSE NOT TO DO SO, ANY INFORMATION GIVEN WILL BE TREATED AS STRICTLY CONFIDENTIAL.

Please tick one box to indicate what best describes your religion and one box to indicate what best describes your ethnic origin

| RELIGION   | ETHNIC ORIGIN   | ETHNIC ORIGIN   |
|------------|-----------------|-----------------|
| Catholic   | Bangladeshi     | Indian          |
| Protestant | Black African   | Irish Traveller |
| Other      | Black Caribbean | Pakistani       |
| None       | Chinese         | White           |

If your partner or another household member is of a different ethnic origin or religion to you please give details below

| NAME | RELIGION | ETHNIC ORIGIN |
|------|----------|---------------|
|      |          |               |
|      |          |               |
|      |          |               |
|      |          |               |

## PART 5. – About children and young people

We now need to know about children or young people in your household for whom you, or your partner, receive Child Benefit. If you receive Child Benefit for more than 6 children use the space in Part 11 to give us their details.

|                                  | CHILD 1 | CHILD 2 | CHILD 3 |
|----------------------------------|---------|---------|---------|
| First Name                       |         |         |         |
| Last Name                        |         |         |         |
| Date of birth                    |         |         |         |
| Sex                              |         |         |         |
| Relationship to you/your partner |         |         |         |
| Child Benefit Number             |         |         |         |
| Who is this paid to              |         |         |         |

|                                  | CHILD 4 | CHILD 5 | CHILD 6 |
|----------------------------------|---------|---------|---------|
| First Name                       |         |         |         |
| Last Name                        |         |         |         |
| Date of birth                    |         |         |         |
| Sex                              |         |         |         |
| Relationship to you/your partner |         |         |         |
| Child Benefit Number             |         |         |         |
| Who is this paid to              |         |         |         |

Please tick if any of the following apply to the children or young people in your household. By "Receives DLA" we mean that any amount of either the care or the mobility component of Disability Living Allowance is being paid.

| CHILD NUMBER     | 1 | 2 | 3 | 4 | 5 | 6 |
|------------------|---|---|---|---|---|---|
| Receives DLA     |   |   |   |   |   |   |
| Registered blind |   |   |   |   |   |   |
| Has left school  |   |   |   |   |   |   |

We may need to see the child or young person's birth certificate or proof of the information you have provided.

## PART 6. – About other people who live with you

Now tell us about anyone else who normally lives with you and your partner, this includes adults and anyone over 16 for whom no-one receives Child Benefit. Do not include anyone who only shares a hall, bathroom or toilet with you but do include any boarders, lodgers or sub-tenants. Boarders and lodgers are not members of your family and will receive at least one meal per day from you whereas sub-tenants are responsible for all their own cooking arrangements. If you have more than 3 other people living with you use the space in Part 11 to give us their details.

|                                | PERS | PERSON 1 |    | PERSON 2 |     |  | PERSON 3 |  |     |  |    |  |
|--------------------------------|------|----------|----|----------|-----|--|----------|--|-----|--|----|--|
| First Name                     |      |          |    |          |     |  |          |  |     |  |    |  |
| Last Name                      |      |          |    |          |     |  |          |  |     |  |    |  |
| Date of birth                  |      |          |    |          |     |  |          |  |     |  |    |  |
| Relationship to you            |      |          |    |          |     |  |          |  |     |  |    |  |
| Is the partner of (state name) |      |          |    |          |     |  |          |  |     |  |    |  |
| National Insurance No.         |      |          |    |          |     |  |          |  |     |  |    |  |
| Is a boarder/lodger            | YES  |          | NO |          | YES |  | NO       |  | YES |  | NO |  |
| Is a sub-tenant                | YES  |          | NO |          | YES |  | NO       |  |     |  |    |  |
| Temporarily absent             | YES  |          | NO |          | YES |  | NO       |  | YES |  | NO |  |

Please tick if any of the following apply to these people

|  | PERSON 1 | PERSON 2 | PERSON 3 |
|--|----------|----------|----------|
| Receives Income Support                                |          |          |          |
| Receives Income based Job Seekers<br>Allowance         |          |          |          |
| Receives Income Related Employment & Support Allowance |          |          |          |
| Receives Pension Credit                                |          |          |          |
| Receives Universal Credit                              |          |          |          |
| Is a full time student                                 |          |          |          |
| Is on a training course                                |          |          |          |
| Works more than 16 hours a week                        |          |          |          |

If anyone (other than boarders/lodgers) works more than 16 hours a week we need to know more details about their income, tell us about it below.

|  | PERSON 1 | PERSON 2 | PERSON 3 |
|--|----------|----------|----------|
| Weekly earnings before deductions        | £        | £        | £        |
| Weekly total of income from all benefits | £        | £        | £        |
| Weekly total of income from tax credits  | £        | £        | £        |
| Weekly total of any other income         | £        | £        | £        |
| Yearly interest on any savings           | £        | £        | £        |

## PART 7. – About your income

We first need to know if you or your partner is *currently* receiving any of the following types of income Please tick which applies

| Employment & Support Allowance (Income Related) |  |
|---|--|
| Income Support                                  |  |
| Job Seeker Allowance (Income Based)             |  |
| Pension Credit (Guarantee Credit)               |  |
| Universal Credit                                |  |

## **Benefits, State Pensions & Tax Credits**

Please tick if you, or your partner, currently receive or have applied for any of the following types of income (you do not need to give amounts).

| INCOME TYPE                                      | BEING PAID | APPLIED FOR |
|--|------------|-------------|
| Attendance Allowance                             |            |             |
| Bereavement Allowance                            |            |             |
| Carers Allowance                                 |            |             |
| Child Tax Credit                                 |            |             |
| Disability Living Allowance – Mobility Component |            |             |
| Disability Living Allowance – Care Component     |            |             |
| Personal Independence Payment (PIP)              |            |             |
| Employment & Support Allowance (Contributory)    |            |             |
| Employment & Support Allowance (Income Related)  |            |             |
| Incapacity Benefit                               |            |             |
| Income Support                                   |            |             |
| Industrial Injuries Death Benefit                |            |             |
| Industrial Injuries Disablement Benefit          |            |             |
| Job Seekers Allowance (Contribution Based)       |            |             |
| Job Seeker Allowance (Income Based)              |            |             |
| Maternity Allowance                              |            |             |
| Pension Credit (Guarantee Credit)                |            |             |
| Pension Credit (Savings Credit)                  |            |             |
| Severe Disablement Allowance                     |            |             |
| State Retirement Pension                         |            |             |
| Universal Credit                                 |            |             |
| War Disablement Pension                          |            |             |
| War Widows Pension                               |            |             |
| Widowed Parents Allowance                        |            |             |
| Widows Pension                                   |            |             |
| Working Tax Credit                               |            |             |

We can usually confirm this type of income without evidence from you however sometimes we may have to ask you to provide proof.

We now need to know about your income from ALL other sources please complete any of the sections that apply to you.

## **Earnings**

First answer the question below.

| Do either you, or your partner, do any work  | YES | NO |  |
|--|-----|----|--|
| at all; this means paid work, unpaid work or |     |    |  |
| voluntary work.                              |     |    |  |

If you answered **yes** please give details below. If you have more than 1 job we need the same information for all jobs so if necessary **use the space in Part 11 of this form to give us details**. We will need to see evidence of any money received from work. You can ask your employer to complete a Certificate of Earnings (at the back of this form) otherwise we will need to see recent consecutive payslips covering 5 weeks, 3 fortnights or 2 months depending on how often you are paid.

|  | YOU     |    |    | YOUR PARTNER |         |    |    |  |
|--|---------|----|----|--------------|---------|----|----|--|
| Who do you work for, please give employer's name and address |         |    |    |              |         |    |    |  |
|  | Post Co | de |    |              | Post Co | de |    |  |
| What type of work is it                                      |         |    |    |              |         |    |    |  |
| When did you start   |         |    |    |              |         |    |    |  |
| If work is due to end give date                              |         |    |    |              |         |    |    |  |
| Payroll, employee or staff number                            |         |    |    |              |         |    |    |  |
| Are you self employed  | YES     |    | NO |              | YES     |    | NO |  |

If you or your partner is self-employed we will contact you for further details of your income.

If you work for an employer please give us the details below

|                                      | YOU   |    | PARTNE | PARTNER |  |  |
|--------------------------------------|-------|----|--------|---------|--|--|
| Hours each week usually worked       |       |    |        |         |  |  |
| Pay before any deductions            | £     |    | £      |         |  |  |
| How often do you receive this        |       |    |        |         |  |  |
| Do you pay towards a private pension | YES   | NO | YES    | NO      |  |  |
| If yes how much do you pay           | £     |    | £      | £       |  |  |
| How often do you pay this            | Every |    | Every  |         |  |  |
| If known give date of next pay rise  |       |    |        |         |  |  |

If you or your partner is currently absent from work but still receiving payments from your employer please tick if any of the following apply

|  | YOU | PARTNER |
|--|-----|---------|
| Receiving Statutory Sick Pay                   |     |         |
| Receiving Statutory Maternity or Paternity Pay | £   | £       |
| Receiving Statutory Adoption Pay               |     |         |

If you or your partner are currently receiving employer's sick or maternity pay please give details below

|                          | YOU | PARTNER | HOW OFTEN |
|--------------------------|-----|---------|-----------|
| Employer's sick pay      | £   | £       |           |
| Employer's maternity pay | £   | £       |           |

## Income from Voluntary & Unpaid Work

If you, or your partner, do any voluntary or unpaid work please give us details below. We will need to see evidence of income from voluntary work.

|   | YOU | YOU |    |  | YOUR PARTNER |  |    |  |
|---|-----|-----|----|--|--------------|--|----|--|
| Who do you do the voluntary or unpaid work for, please state name and address |     |     |    |  |              |  |    |  |
| When did you start  |     |     |    |  |              |  |    |  |
| Hours worked each week  |     |     |    |  |              |  |    |  |
| Do you get paid   | YES |     | NO |  | YES          |  | NO |  |
| Do you get tips   | YES |     | NO |  | YES          |  | NO |  |
| Do you get expenses only  | YES |     | NO |  | YES          |  | NO |  |



#### **Important Notice: Landlord Registration Scheme**

All private landlords in Northern Ireland are required by law to register with the Landlord Registration Scheme and to obtain a Landlord Registration certificate. For further information or to register online go to https://www.nidirect.gov.uk/articles/landlord-registration-scheme.

To register by telephone please ring 0300 200 7821.

## HOUSING BENEFIT CERTIFICATE OF OCCUPATION

If you are a private sector tenant, this form must be completed by your landlord or agent. This form should then be returned directly to the appropriate Housing Benefit office by the landlord or agent. (Please see addresses on the back of this form)

| NO HOUSING BENEFIT CAN BE PAID U                 | INTIL THIS IS RECEIVED BY THE HOUSING EXECUTIVE.   |
|--|--|
| Property Address (include any flat number)       |  |
|  |  |
|  | Post Code  |
|  |  |
| Tenant's Name                                    |  |
| Tenant's Partner's name                          |  |
| Previous HB Reference No.                        |  |
| Previous Address                                 |  |
|  | Post Code  |
|  |  |
| About the owner/agent                            |  |
| Please give us details of the property owner (re | quired in <b>EVERY</b> case)   |
| Last Name  |  |
| Other Names                                      |  |
| Address  |  |
|  |  |
|  | Post Code  |
| Phone Number                                     |  |
| Email address                                    |  |
|  | access to the Housing Benefit payment schedule. Where you , you are confirming that the Housing Executive can use this email to payment schedules. |
| If you employ an agent, please provide details   | below  |
| Agent's Name                                     |  |
| Company  |  |
| Address  |  |
|  | Post Code  |
| Phone Number                                     |  |
| Email address                                    |  |
| A valid amail address is vital so you can gain   | access to the Housing Report payment schedule Where you  |

A valid email address is vital so you can gain access to the Housing Benefit payment schedule. Where you declare an email address in the space above, you are confirming that the Housing Executive can use this email address to send you all your Housing Benefit payment schedules.

|  |          |         |         |         |        |         | YE     | S        | NO      |          |
|--|----------|---------|---------|---------|--------|---------|--------|----------|---------|----------|
| Is the tenant related to the owner or agent  |          |         |         |         |        |         |        |          |         |          |
| Is the tenant's partner related to the owner or agent  |          |         |         |         |        |         |        |          |         |          |
| Is the tenant's former partner related to the ov   |          |         | t       |         |        |         |        |          |         |          |
| ls a close family member related to the owner  |          |         |         |         |        |         |        |          |         |          |
| Is the tenant a former partner of the owner  |          |         |         |         |        |         |        |          |         |          |
| Is the owner responsible for a child living in the   | ne pror  | perty   |         |         |        |         |        |          |         |          |
| Is the owner or agent employed by the Housin   |          |         |         |         |        |         |        |          |         |          |
| is the owner of agent employed by the floush   | ig Exc   | Cutive  |         |         |        |         |        |          |         |          |
| If you answered yes to any of the questions abo  | ove, ple | ease pr | ovide d | details | below. |         |        |          |         |          |
|  |          |         |         |         |        |         |        |          |         |          |
| Do you already receive direct payment of Hou   | ısina B  | enefit  |         |         |        |         | YES    |          | NO      |          |
| Do you arready receive direct payment of Floor   | ising b  | CHCHC   |         |         |        |         | 123    |          | 110     |          |
| If you do not currently receive direct payment of<br>the bank or building society account you wish<br>Name of bank or building society<br>Branch address | to use   | _       |         |         | -      | vide in | the ta | ble belo | ow, det | cails of |
| Sort Code  |          |         |         |         |        |         |        |          |         |          |
| Account Number   |          |         |         |         |        |         |        |          |         |          |
| Account Name   |          |         |         |         |        |         |        |          |         |          |
| About the tenancy  |          |         |         |         |        |         |        |          |         |          |
| What date did the tenancy commence   |          |         |         |         |        |         |        |          |         |          |
| On what date did the tenant first occupy the   | oroper   | ty      |         |         |        |         |        |          |         |          |
| Is the tenant still living there – state yes or no   |          |         |         |         |        |         |        |          |         |          |
| Is the tenant in arrears –state yes or no  |          |         |         |         |        |         |        |          |         |          |
| If yes state by how many weeks   |          |         |         |         |        |         |        |          |         |          |
| How much in total do you charge the tenant   |          |         |         |         |        |         |        |          |         |          |
| How often is this charged (e.g. weekly or monthly)   |          |         |         |         |        |         |        |          |         |          |
| Are rates included - state yes or no   |          |         |         |         |        |         |        |          |         |          |
| Are charges for any services included – state yes or no  |          |         |         |         |        |         |        |          |         |          |
| Are charges for meals included - state yes or no   |          |         |         |         |        |         |        |          |         |          |
| Is there a signed tenancy agreement? - state yes or no   |          |         |         |         |        |         |        |          |         |          |
| Is it a joint tenancy? - state yes or no   |          |         |         |         |        |         |        |          |         |          |

If charges for services or meals are included, please give details

| SERVICE              | AMOUNT | SERVICE               | AMOUNT |
|----------------------|--------|-----------------------|--------|
| Heating              | £      | Laundry or cleaning   | £      |
| Lighting             | £      | Furniture             | £      |
| Hot water            | £      | Garage/parking space  | £      |
| Power for cooking    | £      | Personal care/support | £      |
| Other (give details) |        |                       |        |

| MEAL         | AMOUNT |               |                |  |
|--------------|--------|---------------|----------------|--|
| Breakfast    | £      | Tick if daily | Tick if weekly |  |
| Lunch        | £      | Tick if daily | Tick if weekly |  |
| Evening meal | £      | Tick if daily | Tick if weekly |  |

## About the tenant's accommodation/property

The tenant's accommodation is (tick one box only)

| House           | Purpose built flat | Houseboat        |
|-----------------|--------------------|------------------|
| Bungalow        | Flat over a shop   | Bedsit or rooms  |
| Flat in a house | Caravan            | Board & lodgings |

## The property is (tick one box)

| Detached Semi-detached | Terraced |
|------------------------|----------|
|------------------------|----------|

## Number of rooms occupied by the household

|              | NUMBER |
|--------------|--------|
| Living Rooms |        |
| Kitchens     |        |
| Bedrooms     |        |
| Bathrooms    |        |

| Does the tenant share any ro  | ooms (other than | YES | NO |  |
|-------------------------------|------------------|-----|----|--|
| with a partner or any childre | en)              |     |    |  |

## If YES, please tick rooms that are shared

| Shares a living room             |  |
|----------------------------------|--|
| Shares a bedroom                 |  |
| Shares a kitchen only            |  |
| Shares a bathroom only           |  |
| Shares both kitchen and bathroom |  |

## Private Tenancies Order 2006 information

|   | YES | NO |
|---|-----|----|
| Was the property built before 1945                                |     |    |
| If yes has a Certificate of Fitness been issued                   |     |    |
| Is the rent registered with the Rent Officer for Northern Ireland |     |    |

The following statement is important so please read it carefully. You must sign and date the statement and then return the form to us.

| I declare that to the best of my knowledge and belief that the information given on this form is correct,  |
|--|
| true and complete. I understand that it is a criminal offence to knowingly give incomplete or false        |
| information or to withhold relevant information. I fully understand that any Housing Benefit overpaid to a |
| landlord or agent may be recovered from any other payment of Housing Benefit made to that person even      |
| if it is in respect of another tenancy.  |

| Signature: | Date: |
|------------|-------|
|            |       |

#### What we do with this information

Your tenant has applied to the Housing Executive to claim Housing Benefit. The Housing Executive in processing their application is exercising its statutory powers using the lawful basis of public task. The Housing Executive requires the information in this certificate as it is necessary to determine your tenant's Housing Benefit entitlement (if any) under the law.

#### Sharing this information with others

The Housing Executive may share the information to verify it. The information may also be shared with government departments for use in the prevention, detection, investigation or prosecution of offences relating to social security or tax. The information may also be shared for other functions of the Housing Executive under statute. The sharing of information is only where this is necessary to comply with our legal obligations or as permitted by General Data Protection Regulation or the Data Protection Act 2018.

#### **HOUSING BENEFIT OFFICE ADDRESSES**

| OFFICE ADDRESS  | DISTRICT COUNCIL AREAS COVERED   |
|---|--|
| Twickenham House<br>Mount Street, BALLYMENA BT43 6BP          | Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine,<br>Larne, Newtownabbey, Moyle |
| 4th Floor Housing Centre, 1-11 May Street,<br>BELFAST BT1 4NA | Belfast  |
| Marlborough House<br>Central Way CRAIGAVON BT64 1AJ           | Armagh, Banbridge, Craigavon, Newry & Mourne   |
| Richmond Chambers The Diamond LONDONDERRY BT48 6QP            | Derry, Limavady, Magherafelt, Strabane   |
| Strangford House<br>28 Court Street NEWTOWNARDS BT23 7NX      | Ards, Bangor, Castlereagh, Downpatrick   |
| MacAllister House<br>Woodside Avenue OMAGH BT79 7BP           | Cookstown, Dungannon, Fermanagh, Omagh   |
| 29 Antrim Street, Lisburn BT28 1AU                            | Housing Benefit Recovery Office  |

#### **Data Protection**

The Housing Executive protects your personal information in accordance with General Data Protection Regulation and the Data Protection Act 2018. You have a right to know how we collect and use your personal information. These details can be found in our Privacy Notice which is on our website <a href="https://www.nihe.gov.uk/privacy\_notice">www.nihe.gov.uk/privacy\_notice</a> or we can post or email a copy to you.

## **Income from Voluntary & Unpaid Work (continued)**

If you are paid anything or receive tips, please give details below

|                         | YOU | YOUR PARTNER |
|-------------------------|-----|--------------|
| How much are you paid   | £   | £            |
| How often               |     |              |
| Amount of tips received | £   | £            |
| For what period         |     |              |

## Money you pay out

In some circumstances we can take payments made to a registered childminder, day nursery, after school club or parental contributions to a student into account. We will need to see proof of these payments and, if applicable, the Certificate of Registration for the childminder.

If you receive childcare vouchers or use salary sacrifice as part of a scheme managed by your employer or a similar scheme by HMRC, you must always submit payslips from your employer as evidence of your earnings.

| Do you make any payments to a registered childminder, day nursery or after school club | YES | NO |  |
|--|-----|----|--|
| If yes how much do you pay each week   | £   |    |  |
| Do you pay a parental contribution for a student                                       | YES | NO |  |
| If yes how much do you pay each week   | £   |    |  |

## Income from boarders/lodgers and subtenants

We need to know about any income you receive from boarders/lodgers and sub-tenants. These are people who occupy part of your dwelling and pay rent to you but are not members of your immediate family. Boarders/lodgers receive at least one meal per day from you whereas sub-tenants are responsible for all their own cooking arrangements.

| Do you have any boarders/lodgers living with you     | YES | NO |  |
|--|-----|----|--|
| If yes state number of boarders/lodgers              |     |    |  |
| If yes how much in total do you charge each week     | £   |    |  |
| Are you related to any of the boarders/lodgers       | YES | NO |  |
| If yes please state relationship to you/your partner |     |    |  |

| Do you have any subtenants                           | YES | NO |  |
|--|-----|----|--|
| If yes how many sub-tenants do you have              |     |    |  |
| If yes how much in total you receive each week       | £   |    |  |
| Does this include any amount for heating             | YES | NO |  |
| Are you related to the sub-tenant(s)                 | YES | NO |  |
| If yes please state relationship to you/your partner |     |    |  |

## **Student income**

If you or your partner is a student, please answer the questions below. We will need to see proof of student income.

|  | YOU |  | PARTN | ER |     |  |    |  |
|--|-----|--|-------|----|-----|--|----|--|
| Are you a student  | YES |  | NO    |    | YES |  | NO |  |
| If yes is the course full time   | YES |  | NO    |    | YES |  | NO |  |
| Where do you study (state name and address of educational institution) |     |  |       |    |     |  |    |  |
| What date did the course start   |     |  |       |    |     |  |    |  |
| What date will the course end  |     |  |       |    |     |  |    |  |
| What type of course is it  |     |  |       |    |     |  |    |  |

| Do you receive a student grant or loan                | YES | NO    |
|---|-----|-------|
| If yes how much is this and how often is it paid      | £   | Every |
| Do you receive a parental contribution                | YES | NO    |
| If yes how much is this and how often is it paid      | £   | Every |
| Do you receive any other income                       | YES | NO    |
| Please state what this is e.g. bursary or sponsorship |     |       |
| How much is this and how often is it paid             | £   | Every |

## Any other income

If you, or your partner, currently receive any other income please tell us about it below. You do not need to tell us about payments from the Independent Living Trust, the Eileen Trust or the Macfarlane Trust. We will need to see proof of any other income you may have.

| INCOME TYPE                                | AMOUNT | EVERY | PAID TO |
|--|--------|-------|---------|
| Personal maintenance from a former partner | £      |       |         |
| Occupational/works/private pensions        | £      |       |         |
| Training allowances                        | £      |       |         |
| Income from Trust funds                    | £      |       |         |
| Regular cash payments                      | £      |       |         |
| Fostering allowance                        | £      |       |         |
| Guardian's allowance                       | £      |       |         |

If you have any other income not already listed, please give us details of this.

| DESCRIPTION OF INCOME | AMOUNT | FREQUENCY | PAID TO |
|-----------------------|--------|-----------|---------|
|                       | £      |           |         |
|                       | £      |           |         |
|                       | £      |           |         |
|                       | £      |           |         |

## **Savings & Investments**

# UNLESS YOU RECEIVE GUARANTEE PENSION CREDIT YOU CANNOT QUALIFY FOR HOUSING BENEFIT IF THE VALUE OF YOUR SAVINGS, CAPITAL AND INVESTMENTS EXCEEDS £16000

We may need to see proof of your savings and investments if so we will contact you. Tell us first about any current or savings accounts held by you or your partner at a bank, building society, post office, credit union or any other financial institution.

| Account<br>Type | Name of your Bank/<br>Building Society etc. | Account Number | Name On Account | Current<br>Balance |
|-----------------|---|----------------|-----------------|--------------------|
| Current/Savings |   |                |                 | £                  |

Now tell us about any other cash or investments you or your partner have.

| TYPE   | VALUE |
|--|-------|
| Cash   | £     |
| Premium Bonds  | £     |
| Unit Trusts, ISA's, PEP's or TESSA's                         | £     |
| National Savings Certificates                                | £     |
| Ulster Savings Certificates, Income or Capital Bonds         | £     |
| Money/property held in trust                                 | £     |
| Other investments- please give details below of what this is | £     |
|  |       |
|  |       |

To ensure that we do not wrongly take certain savings or investments into account, please tell us if your savings or investments include any money from the following.

|   | YES | NO |
|---|-----|----|
| The sale of a house                                     |     |    |
| A charity   |     |    |
| Compulsory purchase of a former home                    |     |    |
| Far Eastern Prisoner of War Compensation Scheme         |     |    |
| Compensation for atrocities during the 2nd World War    |     |    |
| Paid to families of the disappeared in Northern Ireland |     |    |
| Payments from the vCJD (Creutzveld-Jacob Disease) Trust |     |    |

If you answered yes to any of the above questions about savings we will contact you for further information.

#### **Shares**

Please tell us if you, or your partner, own shares here or in any other country.

| Do you or your partner own any shares in the UK or any other | YES | NO |  |
|--|-----|----|--|
| country  |     |    |  |

If you answered yes please give details below, we may need to contact you about this.

| Name of company | No. of shares | Approx. Value |
|-----------------|---------------|---------------|
|                 |               | £             |
|                 |               | £             |
|                 |               | £             |
|                 |               | £             |
|                 |               | £             |
|                 |               | £             |
|                 |               | £             |

## **Property & Land**

We need to know if you, or your partner, own property or land in this or any other country. You should still answer yes if there is a mortgage or loan outstanding on the property or land.

| Apart from the property you live in do you or your partner |  | NO |  |
|--|--|----|--|
| own any property or land in the UK or any other country    |  |    |  |

If you answered yes, we will contact you for further details

If you are a **tenant**, you must complete **PART 8** and you do not need to complete **PART 9**. If you are an **owner occupier** you do not need to complete **PART 8**, please go directly to **PART 9**.

## PART 8. – About rent and where you live (Only complete if you are a tenant)

Are you renting your home from a Private Landlord, the Housing Executive or a Housing Association?

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

If you answer "Yes", then complete the rest of this question.

If you answer "No", proceed to the question about the Number of bedrooms in your property on page 17.

#### Important: this may affect how much housing benefit you get:

Please read the following very carefully and answer the **yes** or **no** questions at the end.

If you rent your home from a Private Landlord, The Housing Executive or a Housing Association, your housing benefit may be reduced if your property has more bedrooms than you actually need.

- (a) You may be allowed an additional bedroom if someone living with you is unable to share a bedroom:
  - If you have declared that you live with a partner but you cannot share a bedroom with that partner because of medical circumstances, you could be allowed an extra bedroom
  - If you have children under the age of 10 who cannot share a bedroom, you could be allowed an extra bedroom
  - If you have children aged 10 or more of the same sex who cannot share a bedroom, you could be allowed an extra bedroom
- (b) You may also be allowed an additional bedroom for an overnight carer who looks after you, your partner, your child or a person aged 18 or more who lives with you.

| Do you require an additional bedroom for any of the reasons list   | ed in (a) | or (b)?          |                 |            |  |
|--|-----------|------------------|-----------------|------------|--|
| Yes No No  |           |                  |                 |            |  |
| If you have answered "Yes",  • please use the space in Part 11 of this form to tell us why you   | ou need   | an additional be | edroom          |            |  |
| <ul> <li>we may need to ask you for more information about this so p<br/>telephone number and / or email address details on this appl</li> </ul> |           |                  | u have provid   | led your   |  |
| Number of bedrooms in your property  |           |                  |                 |            |  |
| How many bedrooms are in the property you are renting  |           |                  |                 |            |  |
| Did you sign a tenancy agreement?  | YES       |                  | NO              |            |  |
| Do you have a joint tenancy?   | YES       |                  | NO              |            |  |
| If you have a joint tenancy are you related to any of the other joint tenants?   | YES       |                  | NO              |            |  |
| Housing Executive tenants should go now to Part 11 everyone  | e else sh | ould continue v  | vith the rest o | of Part 8  |  |
| Landlord or Agent's Name   |           |                  |                 |            |  |
| Landlord or Agent's Address (if not NIHE)  |           |                  |                 |            |  |
|  |           | Post Code        |                 |            |  |
| Landlord's phone number  |           |                  |                 |            |  |
| Landlord's e-mail address  |           |                  |                 |            |  |
| Total amount payable by you to the landlord  |           | £                |                 |            |  |
| How often is this paid (e.g. weekly or monthly)  |           |                  |                 |            |  |
| Sharing information with your landlord   |           |                  |                 |            |  |
| Sharing information with your landlord can help us to deal with we will only share information about the progress of your claim                  |           |                  |                 |            |  |
| Sharing information with your landlord may also prevent any a for non-payment of rent or rates, while your claim is still being                  |           | 5                | st you by you   | r landlord |  |
| Can we share information concerning your claim with your landlord as outlined above  | YES       |                  | NO              |            |  |
| Withdrawal of Consent  |           |                  |                 |            |  |
| You can withdraw your consent at any time by emailing <i>datapr</i> housing benefit office or any Housing Executive officer.                     | otection  | @nihe.gov.uk or  | by contacting   | g any      |  |
| Please answer all of the questions below   |           |                  |                 |            |  |
| Do you share paying the rent with anyone other than your partner   | YES       |                  | NO              |            |  |
| If yes what is your share of the rent  | £         |                  | Each            |            |  |
| Are there any weeks when you do not have to pay the landlord rent  | YES       |                  | NO              |            |  |
| If yes how many weeks each year  |           |                  |                 |            |  |
| Does the rent include an amount for a garage or  | YES       |                  | NO              |            |  |
| parking space  If yes can you choose not to rent this  | YES       |                  | NO              |            |  |
| Is the property furnished  | YES       |                  | NO              |            |  |
| Are you behind with your rent  | YES       |                  | NO              |            |  |

If yes by how many weeks

## If you are a Housing Association tenant you do NOT need to answer the questions below, move on now to Part 10.

| Did you or your partner ever own this property               | YES | NO |  |
|--|-----|----|--|
| If yes what date did you sell the property                   |     |    |  |
| Do you use the property for any sort of business             | YES | NO |  |
| Are you or your partner related to the owner or agent        | YES | NO |  |
| If yes please state relationship                             |     |    |  |
| Is the landlord a former partner of either you or your       | YES | NO |  |
| current partner  |     |    |  |
| If yes did either you or your partner live with the landlord | YES | NO |  |
| in this property   |     |    |  |
| Is the landlord responsible for any of your or your          | YES | NO |  |
| partner's children who live with you                         |     |    |  |

If you answered YES to any of the above questions, we may need to contact you for further information.

I am renting a (tick one box)

| House           | Purpose built flat | Houseboat        |
|-----------------|--------------------|------------------|
| Bungalow        | Flat over a shop   | Bedsit or rooms  |
| Flat in a house | Caravan            | Board & lodgings |

## The property is (tick one box)

| Detached   | Semi-detached | - | Terraced |    |  |  |
|--|---------------|---|----------|----|--|--|
|  |               |   |          |    |  |  |
| Do you share any rooms (other than with a partner or any |               |   |          | NO |  |  |
| children?)   |               |   |          |    |  |  |

## If YES, please tick rooms that are shared

| Shares a living room             |  |
|----------------------------------|--|
| Shares a bedroom                 |  |
| Shares a kitchen only            |  |
| Shares a bathroom only           |  |
| Shares both kitchen and bathroom |  |

## PART 9. – About you and your home (Only complete if you are an owner occupier)

# IMPORTANT: You must provide your most recent rate bill from Land and Property Service, when submitting this application form.

If you own and occupy your own property, please answer the following questions.

| YES  |            | NO                   |                                   |  |  |  |  |  |
|--|------------|----------------------|-----------------------------------|--|--|--|--|--|
| If you are not living in the property that you are claiming Housing Benefit for, please provide details below: |            |                      |                                   |  |  |  |  |  |
|  |            |                      |                                   |  |  |  |  |  |
|  |            |                      |                                   |  |  |  |  |  |
| YES  |            | NO                   |                                   |  |  |  |  |  |
|  |            |                      |                                   |  |  |  |  |  |
|  |            |                      |                                   |  |  |  |  |  |
|  |            |                      |                                   |  |  |  |  |  |
|  |            |                      |                                   |  |  |  |  |  |
| YES  |            | NO                   |                                   |  |  |  |  |  |
| fi   | t for, ple | t for, please provid | t for, please provide details bel |  |  |  |  |  |

If you are not the sole owner of this property, please confirm the details of the other owners below.

If more than 3 other people own this property please use the space in Part 11 of this form to tell us about them.

|   | Other Owner 1 | Other Owner 2 | Other Owner 3 |
|---|---------------|---------------|---------------|
| Name  |               |               |               |
| Address   |               |               |               |
|   |               |               |               |
| Postcode  |               |               |               |
| Proportion of property owned.<br>For example 50 percent, 25 percent |               |               |               |

**IMPORTANT:** Other owners who also occupy this property as their home and who wish to claim help for their rates, should complete a separate application form for Housing Benefit and Rate Relief.

## PART 10. - Payment Details

If you are an owner occupier, you do not need to complete this section. The Housing Executive will credit your Housing Benefit award directly to your rate account with Land and Property Services. (Please go to Part 11).

If you are a tenant, you can choose to have payments made to yourself or to your landlord although in some instances we will be obliged to make the payments to your landlord. If you have to pay rates separately from rent, we can also pay these directly to Land & Property Services for credit to your account. Please let us know your preference below.

Please insert a 

✓ in the boxes below to indicate your payment preferences.

| Payments of Rent and Rates                 | TO ME | TO LANDLORD | TO LAND & PROPERTY SERVICES |
|--|-------|-------------|-----------------------------|
| I want all payment of rent to be made to   |       |             |                             |
| I want all payments of rates to be made to |       |             |                             |

If you have chosen to receive payments yourself, please give details of your bank or building society account.

| Name of bank or building society |      |      | , |  |  | , |  |
|----------------------------------|------|------|---|--|--|---|--|
| Branch address                   |      |      |   |  |  |   |  |
|                                  |      |      |   |  |  |   |  |
|                                  |      |      |   |  |  |   |  |
|                                  | Post | Code |   |  |  |   |  |
| Sort Code                        |      |      |   |  |  |   |  |
| Account Number                   |      |      |   |  |  |   |  |
| Account Name                     |      |      |   |  |  |   |  |

# PART 11. - Anything else you need to tell us Use the space below to tell us anything else you think we might need to know about your circumstances. You can also use this space to provide additional information in relation to any of the questions asked in this form where there was no space available to provide additional information.

## **IMPORTANT NOTE**

YOU SHOULD NOW CAREFULLY READ AND SIGN THE DECLARATION IN PART 12. IF YOU DO NOT SIGN AND DATE THE DECLARATION, NO HOUSING BENEFIT CAN BE PAID.

## PART 12. – Declaration to be completed by all applicants

Please read this declaration carefully before you sign and date it. You must sign the declaration even if someone else has filled this form in for you.

| I declare that to the best of my knowledge and belief the true and complete. I understand that if I give information not report a change of circumstances, that action, incluunderstand that if I am paid too much housing benefit t  | on that is incorrect or false or incomplete or if I do<br>ding court action may be taken against me. I further |  |  |
|---|--|--|--|
| Claimant's signature:   | Date:  |  |  |
| Your information  |  |  |  |
| What we do with your information You have applied to the Housing Executive to claim Hou your application is exercising its statutory powers using requires the information as it is necessary for the purpo any), under the law.  | the lawful basis of public task. The Housing Executive   |  |  |
| Sharing your information with others  We will share your information to process your claim for Housing Benefit and any other claim for Social Security benefits. Your information may also be shared with government departments for use in the prevention, detection, investigation or prosecution of offences relating to Social Security or tax. Your information may also be shared for other functions of the Housing Executive under statute, including the recovery of rent arrears. Your information is only shared where this is necessary to comply with our legal obligations or as permitted by General Data Protection Regulation or the Data Protection Act 2018. |  |  |  |
| If someone other than the person claiming filled in this fo   | orm please complete the sections below.  |  |  |
| Your Name   |  |  |  |
| Your address  |  |  |  |
|   | Post Code  |  |  |
| Relationship to the person claiming   |  |  |  |
| Why did you complete this form for the person claiming  |  |  |  |
| I declare that as far as possible I have confirmed with the person claiming that the answers I have written on this form are correct and complete   |  |  |  |
| Signature:  | Date:  |  |  |

| Checklist  |  |  |  |  |
|--|--|--|--|--|
| Please tick to say what evidence you are sending with this form. |  |  |  |  |
| Evidence of identity   |  |  |  |  |
| Evidence of your address   |  |  |  |  |
| Evidence of National Insurance Number                            |  |  |  |  |
| Evidence of capital, savings and investments                     |  |  |  |  |
| Evidence of earnings   |  |  |  |  |
| Evidence of other income   |  |  |  |  |
| Evidence of benefits, allowances or pensions                     |  |  |  |  |
| Evidence of private rent and tenancy                             |  |  |  |  |
| Evidence of your rate liability if you are an owner occupier     |  |  |  |  |
| Evidence of other money paid out.                                |  |  |  |  |
|  |  |  |  |  |

If you do not provide all the evidence we need, we might not be able to pay you any benefit but do not delay returning this form if you cannot send all the evidence we need at the moment. Send the form back to us now and send the evidence later. We can start to process your claim but we will not be able to pay you any benefit until we have all the evidence.

## What to do next

You should now have:

- Filled in this claim form for Housing Benefit/Rate Relief
- Asked your employer to complete the Certificate of Earnings if applicable
- Asked your landlord, or their agent, to complete the Certification of Occupation if applicable
- Collected any other evidence to support your claim, but remember do not send valuable items through the post
- Provided evidence of your rates bill for the property you are claiming Housing Benefit for (Owner Occupiers only)

This form must now be submitted to you Housing Benefit Office. Please see the office address details on page 2 of this form.

If you are working or receiving any other benefits, including Pension Credit (Savings Credit) you should return this form directly to your Housing Benefit Office.

If you are submitting any evidence to support your claim **separately** this should also be sent to your Housing Benefit Office. Please remember to write your name and address on the evidence to avoid delays.

Please see item 8 on page 5 of this form explaining how to submit evidence electronically.

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim but we will not be able to pay you any benefit until we have all the evidence.



## HOUSING BENEFIT-CERTIFICATE OF EARNINGS

#### To the claimant

Please enter only your name and address below do NOT complete any other details. You should then give the Certificate to your employer who will send it directly to the Housing Benefit office after completion. If you receive childcare vouchers or use salary sacrifice as part of a scheme managed by your employer or a similar scheme by HMRC, you must always submit payslips from your employer as evidence of your earnings.

If you or your partner's earnings change, you must tell us immediately including changes to furlough pay.

| Your name    |           |
|--------------|-----------|
| Your address |           |
|              |           |
|              |           |
|              |           |
|              | Post Code |

## To the employer

Once completed this Certificate **must** be returned directly to the Housing Executive (addresses on reverse). Please do NOT give it back to your employee.

## Details of earnings and deductions

We need details of earnings and deductions for tax, National Insurance and pension contributions for the last 5 weeks, 3 fortnights or 2 months depending on when your employee is paid. You should include tips, bonuses and overtime if appropriate.

| PERIOD ENDED | GROSS PAYMENTS |              | DEDUCTIONS |        |         | NIHE USE ONLY |
|--------------|----------------|--------------|------------|--------|---------|---------------|
| DATE         | THIS PERIOD    | YEAR TO DATE | TAX        | N. INS | PENSION |               |
|              |                |              |            |        |         |               |
|              |                |              |            |        |         |               |
|              |                |              |            |        |         |               |
|              |                |              |            |        |         |               |
|              |                |              |            |        |         |               |

| Employee's National Insurance Nu   | mber |         |        |        |         |       |    |  |  |  |
|------------------------------------|------|---------|--------|--------|---------|-------|----|--|--|--|
| Employee's staff number (if any)   |      |         |        |        |         |       |    |  |  |  |
| Number of hours worked per weel    | <    |         |        |        |         |       |    |  |  |  |
| Are the above figures estimated    |      | YES     |        |        |         |       | NO |  |  |  |
| Date employee started work with    | you  |         |        |        |         |       |    |  |  |  |
| Date of last pay increase          |      |         |        |        |         |       |    |  |  |  |
| Date of next pay increase if known |      |         |        |        |         |       |    |  |  |  |
| METHOD OF PAYMENT(TICK BOX)        |      | FREQU   | ENCY C | F PAYM | ENT (TI | CK BO | X) |  |  |  |
| Cash                               |      | Week    |        |        |         |       |    |  |  |  |
| Cheque                             |      | Fortnig | ght    |        |         |       |    |  |  |  |
| Bank account credit                |      | Month   |        |        |         |       |    |  |  |  |

| Employer's Name                 |  |
|---------------------------------|--|
| Employer's Address              |  |
|                                 |  |
|                                 |  |
| Contact name                    |  |
| Contact Number                  |  |
| E-mail address                  |  |
| Are you related to the employee |  |
| If yes give details             |  |
|                                 |  |
| Employer's signature            |  |
| Employer's signature            |  |
| Date completed                  |  |

| Official stamp |  |  |
|----------------|--|--|
|                |  |  |
|                |  |  |
|                |  |  |
|                |  |  |
|                |  |  |

Thank you for your help. Please now return this certificate of the Housing Benefit office dealing with the area where your employee lives. The addresses are show below.

## **Data Protection**

The Housing Executive protects your personal information in accordance with General Data Protection Regulation and the Data Protection Act 2018. You have a right to know how we collect and use your personal information. These details can be found in our Privacy Notice which is on our website <a href="https://www.nihe.gov.uk/privacy\_notice">www.nihe.gov.uk/privacy\_notice</a> or we can post or email a copy to you.

| OFFICE ADDRESS   | DISTRICT COUNCIL AREAS COVERED   |
|--|--|
| Twickenham House, Mount Street,<br>BALLYMENA BT43 6BP      | Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine,<br>Larne, Newtownabbey, Moyle |
| 4th Floor Housing Centre,<br>1-11 May Street, BT1 4NA      | Belfast  |
| Marlborough House, Central Way,<br>CRAIGAVON BT64 1AJ      | Armagh, Banbridge, Craigavon,<br>Newry and Mourne                                      |
| Richmond Chambers, The Diamond,<br>LONDONDERRY BT48 6QP    | Derry, Limavady, Magherafelt, Strabane   |
| Strangford House, 28 Court Street,<br>NEWTOWNARDS BT23 7NX | Ards, Bangor, Castlereagh, Downpatrick   |
| MacAllister House, Woodside Avenue,<br>Omagh BT79 7BP      | Cookstown, Dungannon, Fermanagh, Omagh   |
| 29 Antrim Street, Lisburn BT28 1AU                         | Housing Benefit Recovery Office  |