

Rent payable before moving in Housing Benefit



Revenues and Benefits Service

The Deane House
Belvedere Road
Taunton
TA1 1HE

Telephone 01823 356321 / 322
Lines open weekdays 8.30am to 5.00pm

2017

Please read these notes before you fill in the form

This form asks you for information so we can work out if you can get Housing Benefit on your home before you actually moved into it. **Do not fill in this form until you have moved into your new home** as we cannot look at it until then.

We normally only pay Housing Benefit for a home you are actually living in and it is your main home. There are some exceptions to this and you may be able to get Housing Benefit for up to a maximum of 4 weeks before you moved into your home if you were liable to pay rent on the accommodation and:

- You delayed moving in because you were waiting for the accommodation to be adapted to meet a disablement need you have or a member of your family has; or
- You applied for a social fund payment to help with moving or with setting up home and you are aged over 60, or have a child aged under 6, or you or someone in your family is disabled; or
- Your rent liability started while you were waiting to be discharged from a hospital or care home

Please fill in the form using **black ink**. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

Answer **No** or **Yes** questions by putting a **tick** ✓ in the relevant box. If you are picking an answer from a list of answers, **tick** ✓ the box that applies to you. Do not put a cross in any boxes.

When you have filled in the form, **make sure you read and sign the declaration on Part 5**.

If you find it difficult to fill in the form, please let us know. You can come to the Customer Service desk in The Deane House or telephone the Benefits Advice Team on **01823 356321/322**.

Part 1. About you and your new home

By *partner* we mean someone you are married to, or live with as if you are married. If your relationship is with someone of the same gender, you must still tick **Yes** ✓ to questions about your partner and provide information, even if your relationship has not been recognised as a Civil Partnership.

Do you have a partner who normally lives with you? Yes No
If you have a partner, you must answer all the questions about them

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Title (Mr,Mrs,Ms, other)	<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="/"/>
Your daytime telephone number	<input type="text"/>	<input type="text"/>

Part 1. About you and your new home (continued)

When did your tenancy start at this address?

 / /

When did you move into this address?

 / /

Please tick the correct box to tell us why you delayed moving into your new home

I was waiting for the accommodation to be adapted to meet the disablement needs of myself or a member of my family

Fill in Part 2

I was waiting for the outcome of my application for a social fund payment

Fill in Part 3

I was waiting to be discharged from a hospital or care home

Fill in Part 4

Part 2. Adaptations to the property

Use the space below to tell us in detail what adaptations were needed to the property

When were the adaptations completed?

 / /

Were you renting your old address?

No

[Go to Part 5](#)

Yes

If Yes, we could pay Housing Benefit for up to 4 weeks on both your old and new home

Please tell us the address of your former home.

Postcode

When did you move out of this address?

 / /

When did your tenancy end at this address?

 / /

Part 3. Social fund applicants

Use the space below to tell us why you needed the social fund payment (for example; to help with removal costs; to buy essential items such as a cooker or bedding).

Part 4. Hospital or care home leavers

Please tell us the address of the hospital or care home you were in

Postcode

Tell us the date you went into this hospital or care home

/ /

When was the earliest date you could have left the hospital or care home?

/ /

If there was a delay between the earliest date you could have left and the date you actually moved into your new home, please tell us why there was a delay.

Part 5. 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, they must sign the declaration as well. Read this declaration carefully before you sign and date it.

- I declare 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.
- You may check the information I give with other sources as allowed by law.
- I agree to tell the Council's Revenues and Benefits Service immediately, in writing, about any changes that might affect my claim.

Signature of person claiming

Date

/ /

Partner's signature

Date

/ /

If someone other than the person claiming has filled in this form, please tell us why you are filling in the form for them.

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

Name of the person who filled in the form

Signature of person who filled in the form

Date

/ /

If you would like this form translated into other languages or in Braille, large print, audiotape or CD, please contact us.

