

HOUSING BENEFIT CLAIM FORM FOR HOSTEL RESIDENTS

Section 1: About you

Last name				
First names				
Date of birth				
Title				
National Insurance Number				
Your telephone number if you have one				
Your e-mail address if you have one				
Nationality if not British or Irish				
How long have you lived in the UK				
What was your last address				
Were you a tenant at that address	YES		NO	
Were you an owner occupier at that address	YES		NO	
Do you intend returning to that address	YES		NO	
Do you still have to make payments for that address	YES		NO	
What date did you leave that address				
What date did you move into the hostel				
Are you in the hostel as a condition of bail	YES		NO	
Have you previously received Housing Benefit	YES		NO	
If Yes at what address				

Section 2: About anyone else who lives with you

We now need to know about anyone else who lives with you in the hostel; by "ROLE" we mean a description such as partner, son, daughter etc.

NAME	DATE OF BIRTH	ROLE	INCOME IF YOU DO NOT GET CHILD BENEFIT FOR THEM

FOR HOUSING EXECUTIVE USE ONLY

Registration Number		HB Ref Number	
Notes			

Section 3: About your income

If you receive any of the following state benefits please tick yes or no

Income Support	YES		NO	
Income based Jobseekers Allowance	YES		NO	
Income related Employment & Support Allowance	YES		NO	
Guarantee Pension Credit	YES		NO	

If you do NOT receive any of the above please answer the following questions

Do you own, or jointly own any property, here or abroad	YES		NO	
Do you have savings of £5000 or more	YES		NO	
Are you a full time student	YES		NO	
Do you have any earnings	YES		NO	
Do you receive any state benefits	YES		NO	
Are you awaiting the outcome of a benefit claim	YES		NO	
Do you have any other income	YES		NO	
Do you have no income at all	YES		NO	

Now complete all of the following sections that apply to you, give as much detail as possible.

EARNINGS

Name of your employer	
Employers address & telephone number	

STATE BENEFITS IN PAYMENT

Name of benefit	
Date paid to	
Address paid to	
Office dealing with your benefit	

STATE BENEFITS APPLIED FOR

Name of benefit claimed	
Date benefit claimed	
Office dealing with the claim	

ANY OTHER INCOME YOU HAVE

Please give as much detail here as possible of any other income you have

Use this space if there is any other information you need to tell us about

EVIDENCE WE WILL NEED

- *Proof of earnings*
- *Proof of any income other than state benefits*
- *Proof of income for anyone who lives with you that you do not receive Child Benefit for*
- *Proof of savings if more than £5000*
- *Details of any property owned either here or in any other country*
- *Proof of nationality if not British or Irish*

IF YOU DO NOT HAVE PROOF OF INCOME OR HAVE NO INCOME AT ALL YOU MAY STILL CLAIM HOUSING BENEFIT BUT WILL HAVE TO COMPLETE THE NO PROOF OF INCOME FORM AT PAGES 5 & 6.

If anyone else helped you to complete this form please give their name and address below

Name	
Address	
Position	
Why did they help you complete this form?	

Section 4: Your declaration

Please read the following statements carefully and then sign and date this form, then ask the landlord or hostel manager to complete Section 5

- I declare that the information given on this form is correct and complete
- I will tell the Housing Executive at once about any changes to the information given
- I allow the Hostel Manager to enquire about my claim and in particular if a deduction will be made from any award of Housing Benefit at this address (either from a previous overpayment of Housing Benefit or from reduced entitlement to Housing Benefit)
- I understand that any Housing Benefit awarded to me will be paid directly to my landlord

Applicants signature		Date	
-----------------------------	--	-------------	--

Section 5: To be completed by the landlord or hostel manager only

Residents Name		Room/Flat Number	
Hostel address			
What date did occupation commence			
What date did occupation cease (if applicable)			
Is the rent charged daily	YES		NO
Is the rent charged weekly	YES		NO

Landlord or Hostel Manager's Declaration

- I declare that the information given on this form is correct and complete to the best of my knowledge
- I understand that the person making this claim must provide proof of identity if he/she remains resident for more than 13 weeks

Signature	
Date	
Print name	
Job title	

NO PROOF OF INCOME FORM

TO BE COMPLETED ONLY IF YOU DO NOT HAVE PROOF OF INCOME (OTHER THAN STATE BENEFITS) OR HAVE NO INCOME AT ALL

Name									
Address									
National Insurance Number									

If you have an income complete all of the sections that apply to you, please give us as much detail as possible.

EARNINGS

Name of your employer	
Employers address & telephone number	

STATE BENEFITS

Name of benefit in payment	
Date paid to	
Address of benefit claim	
Benefit office dealing with your claim	

ANY OTHER INCOME

Please give as much detail here as possible of any other income you have
--

FOR HOUSING EXECUTIVE USE ONLY

Registration Number		HB Ref Number	
Notes			

If you have no income at all answer the following questions, please note that you may still claim Housing Benefit if you have no income

Are you awaiting the outcome of a benefit claim	YES		NO	
Has your benefit claim been turned down	YES		NO	

If you are awaiting the outcome of a claim or your claim has been turned down please give details below

Name of benefit claimed	
Date benefit claimed	
Office dealing with the claim	
Reason benefit claim turned down (if applicable)	

If you previously worked please give details below

Name of your previous employer	
Employers address & telephone number	
What date did you stop working	

Use this space if there is any other information you need to tell us about

DECLARATION

- I declare that the information I have given is correct and complete to the best of my knowledge
- I confirm that the details on this form are correct and have been read back to me if someone else completed the form on my behalf
- I authorise the Housing Executive to make any necessary enquiries to verify the information I have given

Applicant's signature	
Print name	
Hostel workers name	
Date	

CHANGES IN CIRCUMSTANCES

You must tell us immediately if any of your circumstances change after you have completed this form. You must tell us about any changes but here are some examples of the most common changes that occur:

- If you, or your partner, start or stop getting any state benefit
- If you, or your partner, start or stop getting Tax Credits
- If you, or your partner, stop or start work
- If you, or your partner's wages or salary go up or down
- If the number of people who live with you changes
- If any of your children leave school
- If you move including change of room or flat within the hostel

REMEMBER YOU MAY BE COMMITTING A CRIMINAL OFFENCE IF YOU DO NOT TELL US PROMPTLY OF CHANGES. ACTION MAY BE TAKEN AGAINST YOU AND YOU MAY ALSO LOSE MONEY OR HAVE TO REPAY ANY HOUSING BENEFIT OVERPAID

HOW TO CONTACT US

We have one phone number regardless of where you live, this is **03448 920 902**, Housing Benefit offices are located throughout Northern Ireland as shown below.

HOUSING BENEFIT OFFICE	E-MAIL ADDRESS
Twickenham House, Mount Street, BALLYMENA BT43 6BP	Northeast.housingbenefit@nihe.gov.uk
32-36 Great Victoria Street BELFAST BT2 7BA	belfasthb@nihe.gov.uk
Marlborough House, Central Way CRAIGAVON, BT64 1AJ	Southarea.hb@nihe.gov.uk
29 Antrim Street LISBURN, BT28 3AU	lisburnhb@nihe.gov.uk
Richmond Chambers, The Diamond LONDONDERRY, BT48 6QP	Westarea.housingbenefit@nihe.gov.uk
Strangford House, 28 Court Street NEWTOWNARDS BT23 7NX	Southeast.housingbenefit@nihe.gov.uk
McAllister House, Woodside Avenue OMAGH, BT79 7BP	omagh.housingbenefit@nihe.gov.uk