

Return to Work form

Housing Benefit and Council Tax Rebate



Revenues and Benefits Service

West Somerset House
Killick Way
Williton
Taunton
TA4 4QA
Telephone 01643 703704

Please read these notes before you fill in the form

This form asks you for information so we can work out your Housing Benefit and Council Tax Rebate now you have started work.

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

Make sure you read and sign the declaration in Part 14 when you have filled in the form.

We need to see proof of some of the things you tell us about. There is a checklist in **Part 13** of the form to help you. If you are not sure we need to see proof of something, contact us.

Do not send this form back until you have all the proof you need to go with it. This helps us provide a better service. You have **one month** from the date of issue to give us the completed form and all the proof we need. **The sooner we get your form with all the proof we need, the sooner we can work out your benefit.**

Part 1. About you and your partner

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="/ /"/>
Your daytime telephone number	<input type="text"/>	<input type="text"/>
Mobile phone number	<input type="text"/>	<input type="text"/>
Email address (if you would like us to contact you by Email)	<input type="text"/>	<input type="text"/>

Part 2. Working for an employer

Do you or your partner work for an employer?

No

Yes

Go to Part 3

If you work for more than one employer, use a separate sheet of paper to tell us all the information we ask for on this page and send it with the form.

If you are sending a separate sheet of paper, tick this box.

	You	Your partner
When did you start this job?	/ /	/ /
What kind of work do you do?		
What is the name and address of your employer?		
	Postcode	Postcode
How many hours a week do you work?		
How often do you get paid?	every	every
How much do you normally earn every week, or month?	£ every	£ every
When was your last pay rise?	/ /	/ /
When will your next pay rise be?	/ /	/ /
How are you paid? For example, by cash, cheque or straight into a bank account?		
Do you pay into a pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much do you pay?	£ every	£ every
Are you employed for a limited time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, when will you finish work?	/ /	/ /
Do you receive a bonus, tips or profit sharing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much do you get?	£	£
How often do you receive it?	every	every
Are you currently getting Statutory Sick Pay, Statutory Paternity Pay, Statutory Adoption Pay or Statutory Maternity Pay?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently getting any other sick pay or maternity pay from your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

We must see proof of your earnings. The checklist in Part 13 tells you what we need.

Part 3. Self-employment

Are you or your partner self-employed? No
Yes

[Go to Part 4](#)

	You	Your partner
When did you start this job?	/ /	/ /
What kind of work do you do?		
What is the business name and address?		
	Postcode	Postcode
How many hours a week do you work?		
If you have audited accounts, when will they be ready?	/ /	/ /
Do you pay into a pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much do you pay?	£ every	£ every
Do you get a Business Start-Up Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much do you get?	£	£

We must see proof of your self-employment income. See the checklist in Part 13.

Part 4. Any other work

Are you or your partner a director of any limited company or receiving an income or dividend from any business? Yes No

This could be income you get from an investment or as a silent partner

If Yes, how much do you or your partner get?

£

How often do you receive it?

every

Do you or your partner do any other work at all? No
Yes

[Go to Part 5](#)

This could be voluntary work or any other work, even if it is not paid work

	You	Your partner
When did you start this job?	/ /	/ /
What other work do you do?		
What is the name and address of the person you work for?		
	Postcode	Postcode
How many hours a week do you work?		
Do you get paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you only get expenses or tips, still tick Yes and give details		
How much do you get before any deductions?	£	£
How often do you get paid?	every	every

Part 5. Benefits, pensions & allowances

Are you or your partner getting any benefits, pensions or allowances or are you waiting to hear about a claim for any benefit, pension or allowance?

No
Yes

[Go to Part 6](#)

Read the lists below and tell us about any benefits, pensions or allowances you or your partner have claimed or get now. Tell us the full rate of benefits, pensions or allowances before deductions.

Benefits for illness or disability

- Attendance Allowance
- Carer's Allowance
- Disability Living Allowance
- Employment and Support Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Mobility Supplement
- Personal Independence Payment
- Severe Disablement Allowance
- Statutory Sick Pay
- War Disablement Benefit

Other Benefits

- Bereavement Allowance
- Child Benefit
- Child Tax Credit
- Fostering or adoption allowance
- Government Training Allowance
- Guardian's Allowance
- Jobseeker's Allowance (contributions-based)
- Maternity Allowance
- Statutory Adoption pay
- Statutory Maternity or Paternity Pay
- Widow's or Widower's Benefit
- Working Tax Credit
- Universal Credit

Pensions

- Pension Credit
- State Retirement Pension
- War Pension or War Widow's Pension

If you are getting or have claimed any benefit not listed, make sure you tell us about it

	You	Your partner
The name of the benefit, pension or allowance.	<input type="text"/>	<input type="text"/>
Waiting to hear?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Getting now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount received	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
The name of the benefit, pension or allowance.	<input type="text"/>	<input type="text"/>
Waiting to hear?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Getting now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount received	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
The name of the benefit, pension or allowance.	<input type="text"/>	<input type="text"/>
Waiting to hear?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Getting now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount received	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>

**We must see proof of your benefits, pensions or allowances.
The checklist in Part13 tells you what we need.**

Part 6. Income from accommodation

Does anyone pay rent or money for board or lodgings to you or your partner for living with you?

No

Yes

[Go to Part 7](#)

	First person	Second person
Name of the person making the payment	<input type="text"/>	<input type="text"/>
Amount charged	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text" value="every"/>	<input type="text" value="every"/>

Does the payment include money for:

Food? Yes No

Heating? Yes No

Yes No

Yes No

Part 7. Other income

Do you, your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

No

Yes

[Go to Part 8](#)

We need to know about:

- Private pensions
- Any other pension
- Student grants or loans
- Maintenance or support not included in Part 2 of this form
- Occupational pensions
- Training allowances
- Early Years Grant
- Any money you expect to get in the next 12 months
- Work pensions
- Charitable income
- Monet from a trust fund
- Any other income you have not already told us about

You do not need to tell us about money from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

	Other money 1	Other money 2
What is the money for?	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text" value="every"/>	<input type="text" value="every"/>
When did this income start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When is it likely to go up	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
	Other money 3	Other money 4
What is the money for?	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text" value="every"/>	<input type="text" value="every"/>
When did this income start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When is it likely to go up	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

We must see proof of your income. The checklist in Part 13 tells you what we need.

Part 8. Bank accounts, savings and investments

You must tell us about ALL accounts you have, even if the account has a nil or overdrawn balance. If you do not have an account, write "none". If you're overdrawn, write "overdrawn". If you have any money or investments abroad, you must tell us. Do not leave any space blank.

	You	Your partner
Bank account(s)	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Please tell us the account numbers for any accounts listed above	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Building society account(s)	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Please tell us the account numbers for any accounts listed above	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Post Office accounts	£ <input type="text"/>	£ <input type="text"/>
Please tell us the account numbers for any accounts listed above	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Accounts, savings, investments or any money held abroad	£ <input type="text"/>	£ <input type="text"/>
Premium bonds	£ <input type="text"/>	£ <input type="text"/>
PEPs, TESSAs and ISAs	£ <input type="text"/>	£ <input type="text"/>
National Savings Income Bonds	£ <input type="text"/>	£ <input type="text"/>
Other savings: for example, other savings schemes, income bonds, trust funds	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Do you have any cash savings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much	£ <input type="text"/>	£ <input type="text"/>
Do you have any stocks, shares or unit trusts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , give us details. If there is not enough space, enclose a separate sheet.	Name <input type="text"/>	Number held <input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Part 8. Bank accounts, savings and investments (continued)

	You	Your partner
Do you have any National Savings Certificates?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , give details below. If there is not enough space, continue on a separate sheet.		
Purchase date	Issue	Number of units held
<input type="text" value="/ /"/>	<input type="text"/>	£ <input type="text"/>
<input type="text" value="/ /"/>	<input type="text"/>	£ <input type="text"/>

Property

Do you own, or have any financial interest, in any other property either here or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , what is the address of the property?	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Are you trying to sell the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us an approximate value of the property	£ <input type="text"/>	£ <input type="text"/>
Is there a mortgage or money owing on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , how much is owed?	£ <input type="text"/>	£ <input type="text"/>
Is the property rented out?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property lived in by a relative who is over 60 or sick, or by your previous partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have no cash or savings write none in this box	<input type="text"/>	<input type="text"/>

Read the checklist in Part 13 to see what proof we need.

Part 9. Money you pay out

Do you pay for childcare for any children?	No <input type="checkbox"/>	<input type="text"/>
For example, to a childminder, nursery or after school club.	Yes <input type="checkbox"/>	<input type="text"/>
Which children receive the childcare?	<input type="text"/>	<input type="text"/>
How much do you pay?	£ <input type="text"/>	£ <input type="text"/>
How often do you pay?	every <input type="text"/>	every <input type="text"/>
Does a Registered Childminder provide the care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , tell us their registration number.	<input type="text"/>	<input type="text"/>
Do you pay towards the upkeep of a student?	No <input type="checkbox"/>	Go to Part 10
	Yes <input type="checkbox"/>	
How much do you pay?	£ <input type="text"/>	£ <input type="text"/>
How often do you pay?	every <input type="text"/>	every <input type="text"/>

Part 10. Students

Are you or your partner a student?

No

Yes

Go to Part 11

Do you get a grant, loan or bursary?

You
Yes

No

Your partner
Yes

No

What are you studying?

How many hours do you study each week?

What is the first day of your academic year?

What is the last day of your academic year?

Part 11. Any other information

Has there been any other change in your circumstances you have not yet told us about?

No

Yes

Go to Part 12

You must tell us if

- any of your children leave school or leave home
- anyone (including you) moves into or out of your home, including lodgers and subtenants
- your income or the income of anyone living with you, including benefits, changes
- your capital or savings change
- you or anyone living with you starts work, becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or changes or leaves a job
- your rent changes
- you or your partner are going to be away from home for more than a month
- anything you have told us before changes.

This is not a full list. If you are not sure, telephone us on 01643 703704. If you do not tell us about changes, you may lose money you are entitled to or you may get too much benefit.

If you need to tell us about a change in your circumstances, give us details on a separate sheet of paper and send it with the form. **If you are sending a separate sheet of paper, tick this box.**

We must see proof of any changes to the income or savings for anyone living in your home.

The checklist in Part 13 tells you what we need.

If there has been any other change, contact us to find out the proof we need.

Part 12. Giving information about you

Sharing information with your landlord could help us deal with your claim more quickly. We may need to confirm information with your landlord, for example the date you started your tenancy. In these circumstances, we can contact your landlord without your permission.

If you give us permission to share information with your landlord, we would also be able to tell them:

- If you have claimed Housing Benefit,
- If we have made a decision on your claim,
- If we have made a payment to you, or
- If we need more information to make a decision and what it is we need.

We will not give your landlord any information about your personal or financial circumstances.

If you want to give us permission to share information with your landlord, please sign below.

I give the Council permission to share information about the progress of my claim for Housing Benefit with my landlord or their representative

Signature

Part 13. Checklist

Please **tick** to say what evidence you are sending. We must see **original documents**, not copies. Do not send valuable items through the post. If you can, bring them to our offices. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

If you do not provide all the evidence we need, we may not be able to pay you any benefit.

Do not send this form back until you have all the proof you need to go with it. This helps us provide a better service. You have **one month** from the date of issue to give us the completed form and all the proof we need.

- **Evidence of earnings from employment**

If you are about to start work, we need to see your new contract of employment or a letter from your new employer giving details of your start date, basic salary and hours.

If you have just started work, we need to see all the payslips you have received so far or a Certificate of Earnings authenticated by your employer (see page 12).

Otherwise, we need to see the last 5 weekly payslips or last 2 monthly payslips or a Certificate of Earnings authenticated by your employer.

- **Evidence of earnings from self-employment**

If you are about to start or have only just started self-employment, we need you to complete the 'self-employed income and expenditure certificate' (see page 11) and provide us with an estimate of your first 3 or 6 months trading.

If you have been self-employed for more than one year, we need you to provide your most recent audited trading accounts or complete the 'self-employed income and expenditure certificate' and give us details of your self-employment for the last 12 months.

- **Evidence of benefits, pensions and allowances**

Such as current award notices, pension or order books or letters from the DWP or HM Revenue and Customs showing how much is received.

- **Evidence of any other income**

Such as a recent letter, grant notification or advice slip from the person or organisation paying the money or a letter from the Court showing maintenance payments. We need to see evidence of any money people pay you for accommodation.

The evidence you send must show the current amount paid, any deductions, and who receives it

- **Evidence of money you pay out**

If you pay for childcare, we need to see a recent letter from the childcare provider giving their name and address, names of the children receiving care, the amount charged and the registration number if applicable.

If you pay into a pension scheme, we will need a recent letter from the pension company showing the amount and frequency of payments, payslips showing the amount and frequency of pension contributions.

If you contribute towards the upkeep of a student, we will need to see the student grant award notice, showing the amount contributed.

- **Evidence of capital, savings and investments**

Such as bank statements, building society statements or passbooks, Post Office passbooks, certificates for premium bonds, National Savings, ISAs, PEPs, TESSAs, stocks, shares, income bonds and unit trusts.

The evidence you send must show transactions for at least the last 3 months

Part 14. 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** that the information I have given on this form is correct and complete.
- **I know** the information I give will be used to work out Council Tax Rebate I may be due through Council Tax Reduction under S13a and Schedule 1a of the Local Government Finance Act 1992
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I agree** that you will use the information I provide to work out Housing Benefit or Council Tax Rebate, or both. You may check the information with other sources as allowed by law.
- **I understand** you may use any information I provide in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I realise** you may share information with Experian, a Credit Reference Agency
- **I understand** fraud investigators could make checks for people I have not declared as living in my home.
- **I agree to tell** West Somerset Council's Revenues and Benefits Service immediately, in writing, about any change in my circumstances that might affect my claim.
- **I know** that if I do not report any changes that affect my award of Council Tax Rebate or Housing Benefit, or I give incorrect or incomplete information, I must pay any Council Tax that becomes due and pay any resulting Housing Benefit overpayment.

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

Relationship to the person claiming

Self-employed income and expenditure certificate

For the period from / / to / / = weeks/days

Income

Total invoiced or billed including gratuities and tips

Expenditure

Accountancy or book-keeping charges	£
Advertising	£
Bank charges	£
Business entertainment	£
Business rates (NNDR)	£
Capital repayments on loans, mortgages or hire purchase agreements	£
Carriage or packing and delivery costs	£
Depreciation	£
Drawings (wages or salaries paid to owners of the business)	£
Heat, light, hot water for business use only	£
Hire or leasing charges	£
Insurance	£
Interest on loans, mortgages or hire purchase agreements	£
Money spent setting up or expanding the business	£
Petrol for business use only	£
Postage and stationery for business use only	£
Rent for business use only	£
Repairs not covered by insurance	£
Road tax for business use only	£
Stock or materials necessary to carry out your business	£
Telephone for business use only	£
Use of home as office	£
Wages or salaries paid to employees (excluding drawings)	£
Water rates for business use only	£

If you have any other expenses not listed above, please provide details

Total expenditure

Net profit

Declaration

I confirm the information I have given is true and complete. I will tell the Council immediately if the income I receive from self-employment considerably increases or decreases.

Name of person running business **Date** / /

Signature of person running business **Date** / /

Name of person claiming benefit

Address of person claiming benefit

 «ClaimNo» **Postcode**

Private and Confidential

Certificate of earnings

Employee's Name Employee's payroll or employment number

Employee's Address

To the Employer

Please fill in this form showing your employee's earnings. If you pay monthly, fill in the employee's last two months' wages. If you pay weekly, fill in the employee's last five weeks wages.

Period covered		Gross Pay	National Insurance	Income Tax	Pension	Overtime	Net Pay
From	To						
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>					
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>					
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>					
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>					
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>					

Tell us the gross income paid to this employee for the current financial year £

How do you pay your employee? (cash, cheque, or directly into their bank account)

If your employee receives a bonus, profit sharing or tips please state the amount and how often it is paid.

Amount

How often?

£

I certify this to be a correct statement of the earnings paid to this employee.

Signature of Employer Employee's National Insurance Number

Business Address

The employer must authenticate this form with the firm's official stamp

If there is no official stamp, the employer must confirm details on company headed paper.

N.B. It is a criminal offence to give false information in support of a claim for benefit.

Please return the completed form to:

Revenues and Benefits Service, West Somerset House, Killick Way, Williton, Taunton TA4 4QA

Employer's Official Stamp