

Application for Housing Benefit and Council Tax Reduction



Please tick if you or your partner are aged 60 or over

Please tell us if you or your partner are: a council tenant a private tenant
a housing association tenant an owner-occupier
self-employed a student

Please give details if none of the above apply to you

The address you want to claim for
(where you live or are moving to)

Your name
Address and postcode

For office use only

Account number
Claim number
Property reference number

Before you start to fill in this form, please read the enclosed notes for filling it in.

Help with rent and Council Tax

If your rent or Council Tax is more than you can afford, you may qualify for help with your payments (Housing Benefit and Council Tax Reduction).

If you are responsible for paying both rent and Council Tax, we will treat your application as an application for both Housing Benefit and Council Tax Reduction.

Do not delay

The start date of your award is based on the date we receive your application.

Further help

If you need this document in other formats such as Braille or large print, or if you need help filling in this form, please call us free on 0800 250025, or use Typetalk 18001 01382 431205. You can also visit any of our Benefit Enquiry Offices (contact details on page 26). You should take your filled-in form to any Finance or Housing Department Office as soon as possible, or post it to the Director of Corporate Services, Revenues Division, PO Box 218, Dundee DD1 3YS.

If you have difficulty understanding English, please contact the address below.

Dundee Translation Unit, Dundee City Council, Mitchell Street Centre, Mitchell Street, Dundee, DD2 2LJ.
Phone: 01382 435825.

Заявление На Пособие По Жилью И Сокращение Муниципального Налога

Wniosek o zasiłek mieszkaniowy (Housing Benefit) oraz o ulgę na podatek miejski (Council Tax Reduction).

這是地稅和房屋津貼申請表格。

ہاؤسنگ بینیفٹ اور کونسل ٹیکس میں کمی کے لئے درخواست

Notes for filling in the application form

This application form has been specially designed to be easy to fill in. It may seem rather long, but we have to ask a lot of questions to make sure that everyone who applies for benefit gets the maximum award they are entitled to.

You may not have to fill in all parts of the form, but you must fill in any section that is relevant to you. Every section starts with a question to help you decide if you need to fill in that part.

Second Adult Rebate

Second Adult Rebate is a Council Tax Reduction for people who may not have a partner but who share their home with someone who:

- is 18 or over;
- is on a low income; and
- does not pay them rent.

If you are claiming Second Adult Rebate, only fill in part 1, part 3 and part 17 of this form.

Evidence

You must provide original documents as evidence to confirm the information you give on this form. In part 18 of this application form there is a checklist which sets out the type of evidence you must provide, along with examples of documents we will accept as proof. You should make sure that you provide all the necessary information.

You must also provide proof of your and your partner's (if you have one) National Insurance numbers.

If you cannot get proof straight away, do not worry. Return the form to us but let us know that you will be providing some proof later. If you do not return the form to us straight away, you may lose benefit. If you cannot get proof within two or three weeks, let us know. We may be able to help you.

Please do not send valuable documents by post. If possible, please take them to any of the Benefit Enquiry Offices listed on page 26.

Filling in the form

Use black ink to fill in the form. 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.

You must answer all **'Yes'** and **'No'** questions. This is very important and we will not accept your application form unless you have ticked every box that applies. You must answer all other questions that apply or write 'does not apply'.

If someone else fills in the form for you, there is a special space for them to sign.

When we usually pay benefit from

If this is your first claim: We will usually pay your benefit from the Monday after we get your form.

Part 1 About you and your partner

Do you want someone to act as your representative?

No
Yes

Please give their name and address.

Do you have a partner?

(By partner we mean someone you are married to or live with as if you were married to them, including a civil partnership.)

No
Yes

If you have a partner, you must answer all the questions about them as well as yourself.

You

Your partner

Last name

First names

Any other names you have used (for example your maiden name)

Title (Mr, Mrs, Ms, Miss)

Address (Do not tell us your partner's address if it is the same as yours.)

Date of birth

National Insurance number

(You can find this on payslips or letters from the Department for Work and Pensions or HM Revenue & Customs. We cannot decide your claim if we do not have your or your partner's National Insurance number.)

If you do not have a National Insurance number or cannot find it, tick this box.

If you do not have a National Insurance number or cannot find it, tick this box.

We need to see proof of your and your partner's identity and National Insurance number. (See the checklist in part 18.)

Your daytime phone number

Your mobile number

Your e-mail address

Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

No
Yes

No
Yes

What is your nationality?

If you are not British, on what date did you last enter and apply to stay in the UK?

(The UK is England, Northern Ireland, Scotland and Wales.)

Part 1 About you and your partner (continued)

	You	Your partner
Have you or your partner claimed Housing Benefit, Council Tax Benefit or Council Tax Reduction before?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', when did you last claim?	/ /	/ /
Which council did you claim from?		
What name did you use for your claim?		
What address did you claim for?		
Have you told the council that paid your benefit that you have moved?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner moved home in the last three years?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please tell us your last address if it is different from the address you last claimed for.		
Are you or your partner in hospital, a nursing home or a residential care home?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', when did you go in?	/ /	/ /
When do you expect to come out?	/ /	/ /
Are you or your partner living away from home at the moment for any other reason?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us why.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us why.
If 'Yes', where are you living now?		
When did you last live in your home?	/ /	/ /
When do you expect to return?	/ /	/ /
Have you sublet your home?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
		Who lives there now?

Part 1 About you and your partner (continued)

You

Your partner

Does anyone get Carer's Allowance for looking after you or your partner?

No
Yes

No
Yes

If 'Yes', please give your carer's name.

Please give your carer's address if it is different from your address.

Have you or your partner been told you are entitled to Carer's Allowance even if you do not receive it because you are getting another benefit instead?

No
Yes We will write to you about this.

No
Yes We will write to you about this.

Have you been providing medical evidence for 28 weeks or more in support of a claim for Incapacity Benefit or Severe Disability Allowance?

No
Yes

No
Yes **We will write to you about this.** You may be better off if your partner claims for benefit.

(You do not need to tick 'Yes' if you are already receiving Incapacity Benefit or Severe Disability Allowance.)

Please tick if you or your partner:

- are an apprentice
- are on training
- are in legal custody
- have a severe mental impairment
- are registered blind
- are long-term sick or disabled
- are a company director or a partner of a company.

If you are not sure what any of these terms mean, you will find a description on page 26.

Are you or your partner a full-time student?

No Go to **part 2**.
Yes

No Go to **part 2**.
Yes

If 'Yes', you must fill in the questions below. You must also provide your grant award letter, deed of covenant or other proof of student income.

Are you British?

No
Yes

No
Yes

Part 1 About you and your partner (continued)

	You	Your partner
Name of your university or college	<input type="text"/>	<input type="text"/>
Name of your course	<input type="text"/>	<input type="text"/>
How long the course lasts for	<input type="text"/>	<input type="text"/>
Please say which year of your course you are in	<input type="text"/>	<input type="text"/>
Are you a postgraduate student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Details of this academic year	Start date: <input type="text"/> / <input type="text"/> / <input type="text"/> Finish date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Start date: <input type="text"/> / <input type="text"/> / <input type="text"/> Finish date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Are you eligible for a student loan?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you receive payments from the access or hardship fund?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much do you receive?	£ <input type="text"/>	£ <input type="text"/>
Do you receive any other student income?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please give details (for example, where the income comes from, how much you receive and how often you receive it).	<input type="text"/>	<input type="text"/>

Part 2 About children

Are there any children in your household who you or your partner receive Child Benefit for? No Go to **part 3**.
 Yes Please answer the questions below.
 If you want to claim for more than three children, please tell us about them in **part 14**.

You may be able to get extra Housing Benefit or Council Tax Benefit for children if you get Child Benefit for them, and they normally live with you.

	First child	Second child	Third child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<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"/>
Relationship to you (for example, son, daughter, grandson or granddaughter)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 About children (continued)

	First child	Second child	Third child
Child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are any of the children you are claiming for away or likely to be away from home (for example, in hospital)?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', please tell us why they are away from home	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? (We need to see proof of this.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child registered blind? (We need to see proof of this.)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Does the child get Disability Living Allowance? (We need to see proof of this.)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', how much?	Care: £ <input type="text"/>	Care: £ <input type="text"/>	Care: £ <input type="text"/>
	Mobility: £ <input type="text"/>	Mobility: £ <input type="text"/>	Mobility: £ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you pay a registered childminder, nursery or after-school club any childminding costs for this child? (Tell us the childminder's name and registration number.)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
If 'Yes', how much do you pay a week? (We need to see proof of this.) Please ask for a childcare certificate form.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Part 3 About other people who live with you

Do any adults normally live with you and your partner?

(By adults we mean people aged over 16 who nobody gets Child Benefit for - also known as non-dependants.)

- No Go to **part 4**.
 Yes Please give details below.

Please now tell us about all the people who usually live with you and your partner. If you want to tell us about more than three people, include them in **part 14**.

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you or your partner (for example, mother, father, son, brother, aunt, friend, joint tenant or owner, lodger, subtenant)	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they join your household?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What was their previous address?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Their income

You must include money they earn before things like income tax and National Insurance contributions are taken off, any benefits they get from the Department for Work and Pensions and any other money they have coming in. This could be things like interest from savings. You do not have to include money from the Macfarlane Trust, the Eileen Trust, the Independent Living Fund, the vCJD Trust or the Skipton Fund. You must provide proof of earnings.

You do not need to tell us about the income of any joint tenant or owner, or anyone who rents part of your home.

Do they get Income Support, income-based Jobseeker's Allowance or Pension Credit?

- | | | |
|------------------------------|------------------------------|------------------------------|
| No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

Do they get Employment and Support Allowance?

- | | | |
|------------------------------|------------------------------|------------------------------|
| No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

Do they get Disability Living Allowance, a Personal Independence Payment or Attendance Allowance?

- | | | |
|------------------------------|------------------------------|------------------------------|
| No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

If 'Yes', how much?

£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
------------------------	------------------------	------------------------

Are they registered blind?
(We need to see proof of this.)

- | | | |
|------------------------------|------------------------------|------------------------------|
| No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

- | | | |
|------------------------------|------------------------------|------------------------------|
| No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

(We need to see proof of this.)

Tell us which.

Tell us which.

Tell us which.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part 3 About other people who live with you (continued)

	First person	Second person	Third person
Do they have a severe mental impairment? (See the 'Description of terms' section on page 26.)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', when are they expected to come out?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Are they in hospital at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', when did they go in?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When will they come out (if you know this)?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', tell us their earnings before any deductions. (We need to see proof of their earnings.)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often are they paid?	<input type="text" value="Every"/>	<input type="text" value="Every"/>	<input type="text" value="Every"/>
Do they have any other income at all? (This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often do they receive this money? (We need to see proof of their income.)	<input type="text" value="Every"/>	<input type="text" value="Every"/>	<input type="text" value="Every"/>
Are any of the people who normally live with you married to each other or living together as if they were married, including a civil partnership?	No <input type="checkbox"/>	Tell us their names.	
	Yes <input type="checkbox"/>	<input type="text"/>	is the partner of <input type="text"/>
		and	
		<input type="text"/>	is the partner of <input type="text"/>

Part 4 About where you live

Do you own your home or have a mortgage?

- No Go to **part 5**.
Yes Answer all the questions in this part.

What date did you buy this property?

When did you move into this address?

If you have not moved in, tell us the date you expect to move in.

Please give the reason for the delay in moving in.

Do you or your partner own your home jointly with someone else?

- No Go to **part 6**.
Yes

If 'Yes', please give their names.

Do they live in the property with you?

- No Go to **part 6**.
Yes Go to **part 6**.

Part 5 About rent

Are you a council tenant?

- No Please also fill in the appropriate supplement form to give us your property and payment details.

If you have a private tenancy and your tenancy agreement with your landlord started after 2 January 1989, you will need to fill in a Local Housing Allowance (LHA) supplement form.

If you fall under any of the following categories, you will need to fill in a Housing Benefit supplement form.

- You rent from a housing association.
- You live somewhere where you are provided with care, support or supervision and your landlord is a registered charity.
- You live in board and lodgings.

Go to **part 6**.

- Yes Answer all the questions in this part.

When did your tenancy start?

When did you move to this address?

If you have not moved in yet, tell us the date you expect to move in.

Please tell us why there is a delay in moving.

Part 6 About being self-employed

Are you or your partner self-employed?

No Go to **part 7**.

Yes Answer all the questions in this part.

You must send us your income and expenditure accounts for the last six months, together with proof of all your income and expenditure (for example, invoices or receipts). If you have only recently set up the business and do not have any income details, please give us your estimated income details. We will then write to you at a later date for actual income and expenditure.

	You	Your partner
Name of your business	<input type="text"/>	<input type="text"/>
Business address	<input type="text"/>	<input type="text"/>
Type of business	<input type="text"/>	<input type="text"/>
Date your business started	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Start date of the current financial year	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Average number of hours you work each week	<input type="text"/>	<input type="text"/>
Is your business a partnership?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you a company director?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please also fill in part 7 .	
If 'Yes', what percentage of the total profit or loss is yours? (We need to see your partnership agreement.)	<input type="text"/>	<input type="text"/>
Do you receive any gratuities (for example, tips or bonuses)?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much and how often?	<input type="text" value="£"/>
Is your husband or wife a partner in the business?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', what percentage of the profit or loss is theirs?	<input type="text"/>	<input type="text"/>
Is your husband or wife on the payroll of the business?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', what are their earnings?	<input type="text" value="£"/>	<input type="text" value="£"/>
How often are they paid?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
Do you use part of your home for business purposes?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please give details.	<input type="text"/>	<input type="text"/>

Part 6 About being self-employed (continued)

	You	Your partner
Did you get a business start-up allowance or any other grants?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
Do you hold a National Insurance exemption certificate?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'No', please provide evidence of your National Insurance contributions.	£ <input type="text"/>	£ <input type="text"/>
How often do you pay these contributions?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>

You must provide evidence of the scheme you belong to and the payments you have made.

Part 7 About working for an employer

Do you or your partner work for an employer? (Tick 'Yes' if the work is full-time, part-time, permanent or casual, paid or unpaid. Also tick 'Yes' if you are off work temporarily because of sickness or maternity leave.)

No

Yes

Go to **part 8**.

Answer all the questions in this part. If you work for more than one employer, tell us about other employers in **part 8**.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Is this job for a fixed period?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', when will you finish?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What is your payroll or employee number?	<input type="text"/>	<input type="text"/>
How many hours do you work on average each week?	<input type="text"/>	<input type="text"/>
How much do you get paid before income tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>
How often are you paid?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How are you paid? (For example, into your bank account or by cheque or cash.)	<input type="text"/>	<input type="text"/>
Do you pay into your employer's pension scheme? (We need to see proof of this.)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
When was your last pay rise?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When will your next pay rise be?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Give details of any regular overtime, bonuses or commission.	<input type="text"/>	<input type="text"/>

Part 7 About working for an employer (continued)

	You	Your partner
Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', when did it start	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
and how much are you paid?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/> Every	<input type="text"/> Every

We need to see your original payslips. We cannot accept photocopies. Please provide five of your most recent weekly payslips or two recent monthly payslips. If you do not have any payslips, please ask your employer to fill in a Certificate of Earnings form. You should still hand in this form even if you don't have any payslips at the moment. This is so your claim is not delayed. If we need more information, we may contact your employer but we will try to tell you about this beforehand. However, we will not normally have to do this if you give us all the information we ask for and provide payslips.

Part 8 About other work

Do you or your partner do any other work at all? (This could be voluntary work or any other work even if it is not paid work.)

No Go to part 9.
Yes Answer all the questions in this part.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/>	<input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
On average how many hours do you work each week?	<input type="text"/>	<input type="text"/>
Do you get paid? (If you only get expenses or tips, still tick 'Yes' and give details below.)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much are you paid?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/> Every	<input type="text"/> Every
How are you paid? (For example, into your bank account by cheque or in cash.)	<input type="text"/>	<input type="text"/>

If you or your partner do any other work, please tell us about this in part 14. We must see evidence of your and your partner's earnings before we can decide how much benefit you can get. Read the checklist in part 18 to see what you can use as evidence.

Part 9 About benefits, pensions and allowances

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

No Go to **part 10**.

Yes Answer all the questions in this part.

Please read through the list of benefits below and tell us about any you or your partner are getting now or have applied for.

	Yes	No	Applied for
Adoption or Custodianship Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance (Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance (Mobility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance (If yes, please answer all the questions in part b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fostering or Guardian Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Income Support was paid from:	/ /		
Industrial Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Injuries or Disability Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobseeker's Allowance (contribution-based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Jobseeker's Allowance was paid from:	/ /		
Jobseeker's Allowance (income-based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Jobseeker's Allowance was paid from:	/ /		
Maternity Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Credit (including the savings part)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced Earnings Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Disability Benefit or Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Maternity Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Paternity Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Sick Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle from a mobility scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War Disablement Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War Pension or War Widow's Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed Parent's Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 9 (a) About benefits, pensions and allowances (continued)

Now tell us about these benefits. Tell us the full rate of the benefit before any deductions.

	You	Your partner
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Are you waiting to hear about it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you getting it now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
How are you paid? (For example by giro cheque, direct to a bank or building society and so on.)	<input type="text"/>	<input type="text"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Are you waiting to hear about it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you getting it now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
How are you paid? (For example by giro cheque, direct to a bank or building society and so on.)	<input type="text"/>	<input type="text"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Are you waiting to hear about it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you getting it now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
How are you paid? (For example by giro cheque, direct to a bank or building society and so on.)	<input type="text"/>	<input type="text"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Are you waiting to hear about it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you getting it now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
How are you paid? (For example by giro cheque, direct to a bank or building society and so on.)	<input type="text"/>	<input type="text"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Are you waiting to hear about it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you getting it now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
How are you paid? (For example by giro cheque, direct to a bank or building society and so on.)	<input type="text"/>	<input type="text"/>

We need to see evidence of any income. If you do not have proof at this time, you should still hand in this form so your claim is not delayed.

Part 9 (b)

If you have ticked yes to Employment and Support Allowance (ESA), please answer the following questions.

	You	Your partner
Do you receive income-related Employment and Support Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, when did it start?	/ /	/ /
How much do you receive and how often?	£ every	£ every
Do you receive contribution-based Employment and Support Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, when did it start?	/ /	/ /
How much do you receive and how often?	£ every	£ every

Part 10 About other money coming in

We need to know about any other money that you, your partner or any children you are claiming for have coming in. Other types of income can include the following.

- Maintenance received under a court order, or paid voluntarily
- Payments from the Child Support Agency
- Occupational or superannuation pensions
- Annuities
- Income from abroad
- Money from a trust fund or charitable payments
- Any cash payments
- Cash instead of coal
- Payments if you were a prisoner during the Second World War
- Compensation payments
- Money from boarders or lodgers
- Any other money

You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust, the Macfarlane Trust, the vCJD Trust or the Skipton Fund.

Do you or your partner have any other money coming in? No Go to part 11.
Yes Tell us about it below.

	Other money 1	Other money 2	Other money 3
Where does the money come from?	/ /	/ /	/ /
Who gets it?	£	£	£
How much do you or they get?	Every	Every	Every
How often?	/ /	/ /	/ /
When did this money start?	£	£	£
When is the money likely to go up?	/ /	/ /	/ /

Part 10 About other money coming in (continued)

How is this money paid? (For example, direct into your bank or by cheque or cash.)

--	--	--

Does anyone owe money to you or your partner?

No

Yes

Who is it owed to?

How much is owed?

£

Are you or your partner expecting to get any money in the next 12 months?

No

Yes

What for?

How much?

£

(For example, a redundancy payment or a payment instead of notice or holiday.)

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist in part 18 to see what you can use as evidence.

If you need to tell us about other money coming in, tell us about it in part 14.

Part 11 About bank accounts, savings and investments

Do you or your partner have any bank or building society accounts, savings or investments in the UK or abroad?

No

Go to **part 12**.

Yes

Answer all the questions in this section. We must see proof of all capital, savings and investments. Read the checklist in part 18 to see what you can use as proof.

(This includes cash, current accounts (even overdrawn ones) and savings accounts with a bank, building society or post office, Premium Bonds, National Savings Certificates, property and stocks and shares.)

Do you or your partner have any bank accounts?

No

Yes

Tell us about all **bank accounts**, even empty or overdrawn ones. If there are more than two bank accounts, tell us about the others in **part 14**.

Name of the bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of the bank

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any building society accounts?

No

Yes

Tell us about all **building society accounts**, even if you do not use them regularly. If there are more than two building society accounts, tell us about the others in **part 14**.

Part 11 About bank accounts, savings and investments (continued)

Name of the building society

Account number

Whose name is the account in?

How much is in the account?

Name of the building society

Account number

Whose name is the account in?

How much is in the account?

Do you or your partner have any post office accounts? (This includes savings accounts and Girobank accounts.)

No

Yes

Tell us about all **post office accounts**. If there are more than two post office accounts, tell us about the others in **part 14**.

Type of account

Account number

Whose name is the account in?

How much is in the account?

Type of account

Account number

Whose name is the account in?

How much is in the account?

Do you or your partner have any Premium Bonds?

No

Yes

Value

Do you or your partner have any National Savings Certificates? (If you need to tell us about more, please use **part 14**.)

No

Yes

Issue number

Value

How many?

Issue number

Value

How many?

Do you or your partner have any stocks, shares, bonds or unit trusts? (If you need to tell us about more, please use **part 14**.)

No

Yes

Company name

How many?

Company name

How many?

Do you or your partner have any other capital, savings, or investments? (For example, cash, TESSAs, ISAs, compensation or any other money you have not told us about on this form.)

No

Yes

Tell us about this.

Part 11 About bank accounts, savings and investments (continued)

Do you or your partner own or partly own any land or property, either in this country or abroad, other than the home you live in?

No

Yes What is the address?

If 'Yes', do you or your partner have a mortgage or loan on the land or property?

No

Yes How much do you owe?

Please give the estimated value of this property.

We must see proof of all savings and investments before we can decide how much benefit you can get. Read the checklist in part 18 to see what you can use as evidence. You must provide bank statements, showing the last two months' transactions, for all accounts you and your partner hold.

Part 12 Money you pay out

Do you or your partner pay into a private pension scheme?

No

Yes If 'Yes', how much do you pay?

How often is this paid?

Please give the name and address of the scheme you pay into.

We must see proof of how much you pay (for example, a pension benefit schedule).

Do you or your partner pay towards the income of a child under 25 in advanced education? (Advanced education means higher than GCE A-level, Scottish Certificate of Education higher level or the equivalent of either of these.)

No Go to **part 13**.

Yes How much do you contribute?

How often?

We need to see proof of how much you pay, such as a letter of award.

Part 13 How you will be paid

- If you are awarded Council Tax Reduction, we will add this to your Council Tax account.
- If you are a Dundee City Council tenant, we will pay your Housing Benefit straight into your rent account.
- If you rent your property from another landlord, you will find details of how you will be paid in the relevant supplement form you fill in.

Part 14 Further information

Please use this space to tell us anything else you think we should know which is relevant to your claim.

About you, your partner, your children or other people who live with you

About money you have coming in or going out

About money, capital and investments

About your rent

About anything else

Part 15 Backdating

We can usually award Housing Benefit and Council Tax Reduction from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you didnot claim earlier.

Date you want to claim Housing Benefit and Council Tax Reduction from

/ /

Please give as much information as possible to support your claim for backdating. Where possible, provide relevant documents as evidence.

Part 16 Your personal information

We respect your personal information and follow the Data Protection Act 1998. We will use the personal information you have provided for processing your claim for Housing Benefit and Council Tax Reduction. We will check it against information held by other departments of the council and other organisations:

- to protect the public funds we handle;
- to check that the information is accurate;
- to prevent and detect crime; and
- in other ways as allowed by law.

We may pass on your information to council departments, the Department for Work and Pensions, HM Revenues & Customs, or other government departments, Experian (a credit-reference agency) and any other organisations. If you are being investigated for fraud, we may have to give these organisations information on anyone who lives with you, even if you have not told them about us.

Dundee City Council is the registered data controller. If you have any questions about how we use your personal information, please write to the Legal Manager or phone them on 01382 434577. You can get a copy of our Data Protection Policy by writing to the Legal Manager, Head of Democratic & Legal Services (Corporate Services), 21 City Square, Dundee DD1 3BY.

Social security legislation

This allows us to prosecute people who:

- provide false information;
- fail to tell us about a change in circumstances; or
- make false statements to get any benefit or other payment.

Part 17 Declaration

Please read this declaration carefully before you sign and date it, as you will be confirming that:

- you are satisfied that the information is accurate;
- you are aware of your responsibilities to provide true information and tell us about changes in circumstances; and
- you are aware of how we will use your information.

You will also be responsible for checking that the information provided on your behalf is correct.

I understand the following.

- If I deliberately give information that is not correct or complete, you may take action against me.
- You may use my information in the way explained in **part 16** of the form.
- I must tell you about any relevant changes in circumstances which happen after this claim.
- I must tell you about everyone who lives with me.

This is not a full list. You must tell us about any changes in circumstances that are relevant to your claim for benefit. If you are in any doubt, do not take advice from other people. Please contact us to check.

Your signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Your partner's signature	<input type="text"/>	Date	<input type="text" value="/ /"/>

I have read and fully understand the declaration above.

If you are filling in this form on behalf of the person who is claiming, please tell us why you are filling in this form for them.

Your name	<input type="text"/>
Your signature	<input type="text"/>
Your relationship to the person who is claiming benefit	<input type="text"/>
Date	<input type="text" value="/ /"/>

Part 18 Checklist

Please tick the boxes below to tell us what proof you are sending with this form. We must see **original documents**. We cannot accept copies.

If you do not provide all the proof we have asked for on this form, we may not be able to pay you any Housing Benefit and Council Tax Reduction. We need the same proof for your partner (if you have one), any children who live in the property and any other adults living in your home.

If you do not have the proof we need at the moment, return the form now and provide the proof as soon as you can. We can start to process your claim, **but we will not be able to pay you until we have all the evidence.**

Please do not send valuable items through the post. If you can, bring them into your local office. 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 free on 0800 250025.

Proof of identity

Such as birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or gas, water or electricity bill. We need to see two of these documents for both you and your partner.

Evidence of National Insurance number

Such as National Insurance number cards, payslips or letters from the Department for Work and Pensions or HM Revenue & Customs.

Proof of capital, savings and investments

Such as all your bank, building society, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. Bank statements must show all credits and debits, and the balance for two months in a row. We cannot accept a slip showing the balance.

Evidence of earnings

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. We may need to contact your employer if you do not have these payslips. If you or your partner are self-employed, we need to see accounts for the last financial year. If you have been trading for less than six months, we need to see a summary of your trading records so far.

Proof of other income

Such as pension slips from a former employer, a letter from the court or Child Support Agency, or a notice letter showing how much maintenance you are getting. We need to see proof of any money people pay for board and lodgings. **We do not need to see proof of other income if you or your partner are receiving either Income Support or income-based Jobseeker's Allowance.**

Proof of other money paid out

Such as letters about student grants or maintenance, agreements or receipts from registered childminders. **We do not need to see proof of other money paid out if you and your partner are receiving either Income Support or income-based Jobseeker's Allowance.**

Proof of benefits, allowances or pensions

Such as current award notices or letters from the Department for Work and Pensions confirming how much you get. If you do not have proof, let us know straight away. Please do not send valuable items through the post.

Evidence of immigration status

Such as your Worker Registration Scheme card and letter, and your UK visa.

Proof of any non-dependant's income

Such as current award notices, or interest from savings and investments. If they are employed, we need to see their last five payslips if they are paid every week, their last three payslips if they are paid every two weeks, or their last two payslips if they are paid every month.

If you are not able to provide any proof of earnings, we will make the highest deduction for any non-dependants, which could mean that you receive less benefit.

Part 18 Checklist (continued)

Description of terms

On training	You are on an approved training course and you are receiving an allowance as a trainee (not an employee).
In legal custody	You are in prison or a patient in hospital under the Mental Health Act.
Severe mental impairment	You have sent us a medical certificate from your doctor and are receiving a qualifying benefit. (Please contact our Benefit Enquiry Offices if you need to know more about what these qualifying benefits are, and what 'severe mental impairment' means.)
An apprentice	You are in employment and studying for a qualification accredited by the Scottish Vocational Education Council (Scotland) and receiving gross (before tax) pay of less than £195 a week.
A carer	You are providing care or support for someone other than a partner or child under 18, for at least 35 hours a week. The person being cared for is receiving a qualifying benefit. (Please contact our Benefit Enquiry Offices if you need to know more about what these qualifying benefits are.)
A company director or a partner of a company	You are a director of, or have a share in, a company registered with Companies House.
A student (including student nurses)	You are on a course of further or higher education for at least one academic year. You are normally required to study at least 21 hours a week for at least 24 weeks a year.

What to do next

Please check that you have filled in all parts of this form.

Check that you have given us all the proof we need and have filled in the checklist in **part 18**.

Make sure you have read and signed the declaration in **part 17**.

Take this form, along with the appropriate supplementary property and payment details form (if necessary) to any of our Benefit Enquiry Offices (see below). If you delay, you may lose benefit.

Thank you for filling in this form. We will work out your benefit from the information you have given us.

Changes you must tell us about

Tell us straight away if:

- any of your children leave school or leave home;
- you have another child;
- anyone moves into or out of your home (including lodgers and subtenants);
- your Income Support or Jobseeker's Allowance changes;
- your income or the income (including benefits) of anyone living with you changes;
- your capital or savings change;
- you or anyone living with you becomes a student, goes on a Training Scheme, goes into hospital or a nursing home, goes into prison, or starts, leaves or changes a job;
- you or your partner are going to be away from home for more than one month;
- you receive any decision from the Home Office; or
- anything else you have told us about changes.

You must tell us about these changes in writing or in person at any of our Benefit Enquiry Offices (see below) - a phone call is not enough. Don't rely on someone else to tell us about the change.

It is against the law not to tell us about a change of circumstances that affects your benefit.

If you don't tell us about changes as soon as they happen, you may also lose benefit.

If you have any questions about this form, please contact any of the following Benefit Enquiry Offices.

Benefit Enquiry Offices

- Finance Department Office at Dundee House, 50 North Lindsay Street
- West Housing District Office at 3 Sinclair Street, Lochee
- East Housing District Office at 169 Pitkerro Road

You can also post this document to:

Director of Corporate Services
Revenues Division
PO Box 218
Dundee
DD1 3YS.

Official receipt

Your name

Your address

Office stamp



If you have any difficulties reading this form, please contact us using the address or phone number given opposite.

Monitoring equality

Please tick the relevant boxes and fill in the necessary details to allow us to monitor the equality of the service we provide. We may hold the information on computer but we will only use it for statistical purposes. You do not have to fill in this equality form.

1 I am: male female

2 I consider myself to be:

White Scottish English Welsh Irish

Other British (Please give details)

Any other white background (Please give details)

Mixed Any mixed background (Please give details)

Asian Asian Scottish Asian English Asian Welsh Other Asian British

Indian Pakistani Bangladeshi Chinese

Black Black Scottish Black English Black Welsh Other black British

Caribbean African

Any other black background (Please give details)

Other (Please give details)

3 The following apply to me.

No disability Mental-health difficulties Learning disability

Physical disability or problems moving around Hearing difficulties - some hearing loss Hearing difficulties - total hearing loss

Eyesight problems - some sight loss Eyesight problems - blindness More than one disability

Communication (speech) difficulties Other chronic (long-term) illness or disability

4 My religion is: none Roman Catholic Church of Scotland other Christian

Buddhist Hindu Jewish Muslim

Sikh another religion

5 I am aged between: 16 and 18 19 and 49 50 and 64 65 and 79 80 or over

Thank you for your co-operation.

