



## About your claim

You asked for this claim form on

If you can get benefit because of this claim we can consider paying it from the date shown above if you

- answer all the questions on the form that apply to you and your partner, if you have one, and
- send us the completed claim form and all the documents we ask for on the form by

If you do not do this, you may only get benefit from the date you give us all the information we need.

Please read the notes on the next page before you fill out this form.

If you are unable to

- answer all the questions on the form that apply to you and your partner, if you have one, or
- give us any of the documents we ask for please tell us why in **Part 16** of this form or contact your Social Security or Jobs & Benefits office straight away. Sometimes we may still be able to deal with your claim.

SOCIAL SECURITY AGENCY

## A1 claim form

# INCOME SUPPORT

 /  /

## Notes about your claim

### How to claim

Just fill in this claim form. You must answer all the questions on the claim form that apply to you and your partner, if you have one.

Although this claim form is rather long, it is important that you answer the questions that apply to you. It is also important that you provide evidence in support of your claim. The evidence you provide **must** be an original document not a photocopy. The claim form tells you which documents you must provide.

Take your time. You have a calendar month, up to the second date on the front of this form, to fill the form in properly without affecting your benefit.

If you can get benefit because of this claim we can consider paying it from the date you asked for this form if you

- answer all the questions on the form that apply to you and your partner, if you have one, and
- provide all the documents we ask for within a month of the date you asked for the form.

If you do not do this, you may only get benefit from the date you provide all the information we need.

### Our service standards

At Social Security Agency we aim to provide a high standard of customer service at all times. Details of the standard of service you can expect from us can be found on our website at [www.dsdni.gov.uk](http://www.dsdni.gov.uk)

You can access our website from many libraries.

For more information please contact your local Social Security or Jobs & Benefits office.

### If you have difficulty with the form or documents

If you find it difficult to fill in the form or to provide any of the documents we ask for, do your best. Tell us what you can and provide all the documents you have.

You must tell us in **Part 16** about any information you cannot provide and why. We may be able to help if

- you do not have the information to fill in the claim form because the information does not exist
- you cannot get the information you need to fill in the claim form without putting yourself at serious risk of physical or mental harm and there is no other way of getting the information
- you need information from someone else to fill in the form but they are unable or unwilling to provide the information within a reasonable time.

Get in touch with us if

- you cannot fill in the claim form because of a physical, learning, mental or communication difficulty **and**
- there is no one who can fill in the claim form for you.

### If you are a lone parent

Additional help is available to lone parents who volunteer to join the New Deal Lone Parent Programme. If you agree to take part you will have your own personal adviser who will help and advise you on things like incentives, benefits and available childcare. Lone parents can join the programme at any time.

### Work focused Interviews

You may be asked to attend a Work focused Interview with a Personal Adviser.

If you are claiming for a partner, your partner may also be required to take part in a Work focused Interview with a Personal Adviser.

If they are required to take part in a Work focused Interview, your partner will be contacted once you have been claiming benefit for 26 weeks or more.

### The Work focused Interview with a Personal Adviser

A Personal Adviser will discuss a range of topics with you or your partner which may include:-

- current or future job prospects,
- training to help bring your work skills up to date,
- help and advice if either of you are considering moving into work, increasing the number of hours you already work or changing jobs.

Any of the options you or your partner discuss with your Personal Adviser at the Work focused Interview, are voluntary.

Your benefit may be reduced if, without good cause, you or your partner do not take part in their Work focused Interview.

If you or your partner takes part in a Work focused Interview at a later date, your benefit will be fully reinstated from that date.

### If you need help

If you need help to fill in this form you can

- ask a friend or advice centre to help, or
- get in touch with your local Social Security or Jobs & Benefits office.

**Do you have a partner?**

We use *partner* to mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

**Does your partner agree to you making this claim?**

**No**  You must answer all the questions that apply to you.

**Yes**  You must answer all the questions that apply to you **and** your partner.

**No**  We will get in touch with you about this. But still tell us as much as you can about your partner.

**Yes**  Your partner may be required to take part in a Work focused Interview if you are still claiming for them in 26 weeks

**National Insurance (NI) number**

**You**

Letters	Numbers			Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your partner**

Letters	Numbers			Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Get this from your NI number card, payslips, tax papers or letters about your benefit.

**If you do not know your NI Number, have you ever had or used one?**

**No**

**Yes**

**No**

**Yes**

**Surname or family name**

Mr / Mrs / Miss / Ms

Mr / Mrs / Miss / Ms

**All other names in full**



**All other surnames or family names you have been known by or are using now.**



Include maiden name, all former married names and all changes of family name.

**Date of birth**

 /  / 
 /  / 

**Your permanent address**

Please tell us your address. And tell us your partner's address, if different.

  
  
 Postcode

  
  
 Postcode

**Your contact address**

if it is different from above

  
  
 Postcode

  
  
 Postcode

**Daytime phone number** if you have one

Code	Number
------	--------

Code	Number
------	--------

**Textphone number** if you have one

Code	Number
------	--------

Code	Number
------	--------



Have you or your partner ever claimed Income Support, Jobseeker's Allowance, Employment and Support Allowance or, applied for Pension Credit or a Social Fund Payment?

If the claim was turned down, still tick Yes.

Office that dealt with the claim

Date of last payment, if any

If your or your partner's name or address was different then, please tell us what it was.

Full name

Address

Date you moved to your present address

You

No

Yes  Please tell us about this below.

 /  / 

  
  
  
 Postcode

 /  / 

Your partner

No

Yes  Please tell us about this below.

 /  / 

  
  
  
 Postcode

 /  / 

If you or your partner are still claiming income-based Jobseeker's Allowance we may not be able to pay you.

Have you just been widowed or become a surviving civil partner?

No

Yes  What date were you widowed or did you become a surviving civil partner?

 /  / 

Have you just separated from a person who used to be your partner?

No

Yes  What date did you separate?

 /  / 

What is the name of the person you have separated from?

What is their date of birth?

 /  / 

Their National Insurance (NI) Number?

Letters   Numbers   Letter



**Are you or your partner sick?**

Tick **Yes**, if you or your partner have claimed or are getting Statutory Sick Pay (SSP).

Are you or your partner getting Statutory Sick Pay, Incapacity Benefit, Employment and Support Allowance or Severe Disablement Allowance?

If **No**, have you or your partner claimed Incapacity Benefit, Employment and Support Allowance or Severe Disablement Allowance?

What date did your or your partner's latest period of sickness begin?

Have you or your partner had any other period of sickness within 52 weeks of that date? Include any period when you or your partner got SSP.

Other dates you or your partner were sick

**Have you or your partner spent any time in hospital in the last 52 weeks?**

Date of last admission to hospital

Date you came out of hospital, if appropriate

If you are still in hospital, please tell us the name and address of hospital

**You**

No

Yes

No

Yes

No

Yes

/  /

No

Yes  Please tell us about this below.

from  /  /  to  /  /

No

Yes  Please tell us about this below.

/  /

/  /

Postcode

**Your partner**

No

Yes

No

Yes

No

Yes

/  /

No

Yes  Please tell us about this below.

from  /  /  to  /  /

No

Yes  Please tell us about this below.

/  /

/  /

Postcode

Have you or your partner spent any other time in hospital in the last 52 weeks?

**You**

No   
 Yes  Please tell us about this below.

**Your partner**

No   
 Yes  Please tell us about this below.

Other dates you or your partner were in hospital

From / / to / /

From / / to / /

From / / to / /

From / / to / /

If you or your partner spent any other time in hospital, please tell us about this in **Part 16**.

Are you or your partner doing a Department for Employment and Learning/New Deal training course?

No   
 Yes

No   
 Yes

Have you or your partner just finished a Department for Employment and Learning/New Deal training course?

No   
 Yes

No   
 Yes

Are you or your partner looking after someone who is sick or elderly?

No   
 Yes

No   
 Yes

If you have answered **No** to all the other questions in **Part 2**, please use this space to tell us why you are claiming Income Support.

We need to know about any work that you or your partner are doing now.

- This includes
- work for an employer or self-employed work
  - full-time or part-time work
  - permanent or casual work
  - paid or unpaid work
  - paid or unpaid parental or paternity leave

Have you or your partner done any work in the last 6 months?

No   
 Yes  Please go to next question.

If **No** please tell us how you and your partner supported yourselves when you were not working. Then go to **Part 5**.

Are you or your partner on parental or paternity leave from your employment?

You	Your partner
No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> What type of leave is it? Parental leave <input type="checkbox"/> Paternity leave <input type="checkbox"/>	Yes <input type="checkbox"/> What type of leave is it? Parental leave <input type="checkbox"/> Paternity leave <input type="checkbox"/>

Are you or your partner being paid for the period of parental or paternity leave?

No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> Please send us proof of the pay.	Yes <input type="checkbox"/> Please send us proof of the pay.

Are you or your partner involved in a trade dispute?

We use *trade dispute* to mean a strike, a walkout, a lockout or another dispute about work.

No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> We will send you form <b>B71D</b> to fill in.	Yes <input type="checkbox"/> We will send you form <b>B71D</b> to fill in.

Are you or your partner self-employed or a company director?

No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> We will send you form <b>B16</b> to fill in.	Yes <input type="checkbox"/> We will send you form <b>B16</b> to fill in.

Are you or your partner a sub-contractor?

No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> We will send you form <b>B16</b> to fill in.	Yes <input type="checkbox"/> We will send you form <b>B16</b> to fill in.

Date sub-contract work stopped

/ /

/ /

Are you or your partner working for an employer at the moment?

If you or your partner are temporarily absent from work, still tick **Yes**. This might be because of sickness or jury service.

Number of hours a week usually worked

Name of employer

Address of employer

Employer's phone number

Clock or payroll number.

If you do not know it, tell us what the job or department is.

Do you or your partner get paid for this work?

If **No**, please tell us what type of work it is and why it is unpaid.

May we get in touch with your employer or your partner's employer?

We will not usually need to if you give us all the information we ask for and send in payslips.

**You**

No  Go to Part 4.

Yes  Please tell us about this below.

hours

Postcode

Code  Number

No

Yes  You must send us your last 2 payslips, if you are paid monthly 5 payslips, if you are paid weekly.

No

Yes

**Your partner**

No  Go to Part 4.

Yes  Please tell us about this below.

hours

Postcode

Code  Number

No

Yes  You must send us their last 2 payslips, if they are paid monthly 5 payslips, if they are paid weekly.

No

Yes

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

We need to know about any work that you or your partner have done in the last few months.

This includes ● work for an employer or self-employed work  
● full-time or part-time work

● permanent or casual work  
● paid or unpaid work.

	You	Your partner
Have you or your partner stopped being self-employed in the last 9 months?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will send you form B16 to fill in.	No <input type="checkbox"/> Yes <input type="checkbox"/> We will send you form B16 to fill in.
Date self-employment stopped	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Have you or your partner stopped work for an employer in the last 6 months?	No <input type="checkbox"/> Go to Part 5. Yes <input type="checkbox"/> Please tell us about this below.	No <input type="checkbox"/> Go to Part 5. Yes <input type="checkbox"/> Please tell us about this below.
Date you or your partner started work	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date you or your partner last worked	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of employer	<input type="text"/>	<input type="text"/>
Address of employer	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
Employer's phone number	<input type="text"/> Code <input type="text"/> Number	<input type="text"/> Code <input type="text"/> Number
Clock or payroll number. If you do not know it, tell us what the job or department was.	<input type="text"/>	<input type="text"/>
May we get in touch with your employer or your partner's employer? We will not usually need to if you give us all the information we ask for.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Do you expect to get any payments from an employer because a job ended?

We mean payments to do with work but not for work done. This could be

- any payment by way of retainer
- a pension refund.

You

No

Yes  Please tell us about this below.

Your partner

No

Yes  Please tell us about this below.

Do you have any children or qualifying young persons living permanently in your household who are dependant on you?

Do not include details for:

- foster children
- children or qualifying young persons who are boarded out with you while they wait to be adopted.

We will ask you about this in Part 14.

No  Go to Part 6.

Yes  Please tell us about these children or qualifying young persons below. We use *child* to mean a person aged under 16 who you are getting Child Benefit for. We use *qualifying young person* to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

Children or qualifying young persons living permanently in your household who are dependent on you

Surname	Other names	Date of birth	Male, Female		Relationship to you For example, son, daughter, niece, grandson, stepdaughter or none.	Relationship to your partner or none.	Are you or your partner getting or have you claimed Child Benefit for this child or qualifying young person?		Does the child have a parent or parents who live somewhere else?	
			M	F			No	Yes	No	Yes
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Tell us in Part 16

- if you have more than 8 children or qualifying young persons
- you have any children or qualifying young persons who normally live with you but are in boarding school or Health & Social Services Care Trust.

If you have told us about a child or qualifying young person who has a parent who lives somewhere else, please ask us for the leaflet about child maintenance if you are claiming benefits.

We need to know about any other people who live in the same household as you.  
We need this information to make sure we work out your housing costs correctly.

**Please tell us about**

- children or qualifying young persons you have not already told us about in **Part 5**
- relatives, if they live in **your** household
- boarders and lodgers
- friends
- anyone else who lives in the same household.

**Do not tell us about**

- people who just share a hall or bathroom or toilet with you or who live in a separate flat or bedsit in the same house as you
- members of your immediate family, if you live with them in **their** household

- foster children or children boarded out with you while they wait to be adopted
- other residents, if you live in a care home.

Does anyone live in the same house as you, who you have not already told us about on this form?

No  Please go to **Part 7**.

Yes  Please tell us about these people.

Full name

Sex

Date of birth

Relationship to you

Do they work for 16 hours or more a week?

**Person 1**

Male  Female

 /  / 


No

Yes

**Person 2**

Male  Female

 /  / 


No

Yes

Full name

Sex

Date of birth

Relationship to you

Do they work for 16 hours or more a week?

**Person 3**

Male  Female

 /  / 


No

Yes

**Person 4**

Male  Female

 /  / 


No

Yes

If you need to tell us about more than 4 people, please tell us about them in **Part 16** of this form.

We need to know if any of the people living with you have any money coming in. You do not have to answer these questions but if they do not have much money coming in, you may get more Income Support.

**Please tell us about**

- earnings
- social security benefits
- any other money they have coming in.

If they have earnings, please tell us the amount before tax, National Insurance and any other money has been taken off.

**Do not tell us about** any money from

- the Macfarlane Trust,
- the Fund,
- the Eileen Trust,
- the Independent Living Fund or
- the Skipton Fund.

	Person 1	Person 2
Do they have any money coming in?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is it?	<input type="text"/>	<input type="text"/>
How much is it each week?	£ <input type="text"/>	£ <input type="text"/>
	Person 3	Person 4
Do they have any money coming in?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is it?	<input type="text"/>	<input type="text"/>
How much is it each week?	£ <input type="text"/>	£ <input type="text"/>

If you need to tell us about more than 4 people, please tell us about them in **Part 16** of this form.

**Are any of the people you have told us about married to each other, in a civil partnership with each other, or living together as if they are married or civil partners?**

We call these people partners.

No   
Yes  Please tell us about them.

<input type="text"/>	is the partner of
<input type="text"/>	is the partner of

We need to know about any money, savings and property in this country or abroad that you or your partner have.

Do you or your partner have any of the following? You must answer for every item on the list.

Tell us about accounts even if they are not in credit.

	Yes	No	Amount		
Bank Accounts – including current accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Building society accounts – including current accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Post Office® accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Savings Bank accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Premium bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Unit trusts, ISAs, PEPS or other investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Money from a redundancy payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Money from the sale of your house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Money that you have saved for something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Money or property held in trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Income Bonds or Capital Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		
Any other money you have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>	Name of company the shares are held in	Number of shares
Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>
			<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>
			<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>

How much are your savings worth in total?

If you do not have any savings, please write **None**

If you or your partner have more than 3 types of shares, tell us about them in **Part 16**.

You must send us proof of all these savings if they are worth £5,500 or more in total. For example, your most recent bank statement or a savings account book. Bank statements must show dates relevant to the time you complete this claim form and savings account books must be up to date.

Do you or your partner have any money or property in this country or abroad, which belongs to someone else but is in your names? For example, bank accounts or investments.

- No   
 Yes  We will write to you if we need more information.

If you or your partner currently have savings worth less than £5,500, did either of you have savings of more than this amount during the last 6 months?

- No   
 Yes  Please give details

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

Do you or your partner have any Savings Certificates?

- No   
 Yes  Please tell us about them
- If you and your partner have more than 3 issues, tell us about them in Part 16 of this form.

Certificate issue number

How many units are held?

units  units  units

You must send us the certificates as proof.

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

Apart from your home, do you, your partner, or anyone else you are claiming Income Support for, own or jointly own any other property or land in this country or abroad? If the property or land is on a mortgage or loan, still tick Yes.

- No   
 Yes  Address of property or land   
  
Postcode

We will contact you if we need more information.

Do you, your partner, or anyone else you are claiming for, have a share in any other property or land in this country or abroad?

- No   
 Yes  Address of property or land   
  
Postcode

Have you or your partner sold any property other than where you have lived during the last 6 months?

- No   
 Yes  Please give details

Have you or your partner, received a Far Eastern Prisoner of War Compensation Payment?

- No   
 Yes  We will contact you if we need more information.

Have you or your partner received a lump sum payment in the last 52 weeks because of a personal injury?

We do not need to know about any lump sum payments held in a Personal Injury Trust.

You	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
On what date did you get it? <input type="text"/> / <input type="text"/> / <input type="text"/>	
How much? £ <input type="text"/>	

Your partner	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
On what date did your partner get it? <input type="text"/> / <input type="text"/> / <input type="text"/>	
How much? £ <input type="text"/>	

You must send us details of any personal injury payments you've received in the last 52 weeks.

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

## Part 8 About Pensions

Are you or your partner paying into a personal pension plan, an occupational pension, a work or employee's pension, scheme?

You	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
We will write to you if we need more information.	

Your partner	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
We will write to you if we need more information.	

Have you or your partner ever paid into a personal pension plan, an occupational pension, a work or employee's pension, scheme?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
We will write to you if we need more information.	

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
We will write to you if we need more information.	

Are you or your partner

- getting a pension,
- getting a pension from a late partner, or
- expecting to get a pension in the next 3 years?

This could be an occupational pension, a work or employee's pension, a personal pension, or a compensation payment from the Pension Protection Fund.

**Do not tell us about state pensions here.**

Tick Yes if you get

- regular pension payments
- an annual compensation payment from a previous job including a payment from the Armed Forces Compensation Scheme, or
- lump sum payments from an occupational or personal pension. These could be paid yearly.

No	<input type="checkbox"/>	Go to <b>Part 9</b> .
Yes	<input type="checkbox"/>	Please tell us about this on <b>Pages 17 and 18</b> .

No	<input type="checkbox"/>	Go to <b>Part 9</b> .
Yes	<input type="checkbox"/>	Please tell us about this on <b>Pages 17 and 18</b> .

What type of pension are you or your partner getting or expecting to get?

**Pension 1**

Personal pension  Occupational, work or employee's pension   
 Public service pension  Pension Protection Fund Payment

**Pension 2**

Personal pension  Occupational, work or employee's pension   
 Public service pension  Pension Protection Fund Payment

Whose pension is it?

Yours  Your partner's

Yours  Your partner's

Who pays or will pay the pension?



Their address

  
  
 Postcode

  
  
 Postcode

Their phone number

 Code  Number

 Code  Number

Pension or policy reference number



How much is the pension?

 £  every

 £  every

Date of first payment

 /  / 
 /  / 

Will the pension be increased?

No   
 Yes  Date of increase  /  /

No   
 Yes  Date of increase  /  /

How much will the pension increase by?

 £

 £

Did you choose to take regular income from a pension scheme instead of buying an annuity?

No   
 Yes  Was this the maximum income you could take? No   
 Yes

No   
 Yes  Was this the maximum income they could take? No   
 Yes

You must send us proof of the pension. For example, your latest statement from the company that pays it or your latest bank statement and a recent form P60.

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

May we get in touch with the person or company that pays the pension?

We will not normally have to if you can give us all the information we ask for.

No   
 Yes

No   
 Yes

What type of pension are you or your partner getting or expecting to get?

**Pension 3**

Personal pension  Occupational, work or employee's pension   
 Public service pension  Pension Protection Fund Payment

Yours  Your partner's

Whose pension is it?

Who pays or will pay the pension?

Their address

Postcode

Their phone number

Code  Number

Pension or policy reference number

How much is the pension?

£  every

Date of first payment

/  /

Will the pension be increased?

No   
 Yes  Date of increase  /  /

How much will the pension increase by?

£

Did you choose to take regular income from a pension scheme instead of buying an annuity?

No   
 Yes  Was this the maximum income you could take? No   
 Yes

**Pension 4**

Personal pension  Occupational, work or employee's pension   
 Public service pension  Pension Protection Fund Payment

Yours  Your partner's

Postcode

Code  Number

£  every

/  /

No   
 Yes  Date of increase  /  /

£

No   
 Yes  Was this the maximum income they could take? No   
 Yes

You must send us proof of the pension. For example, your latest statement from the company that pays it or your latest bank statement **and** a recent form P60.

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

May we get in touch with the person or company that pays the pension?

We will not normally have to if you can give us all the information we ask for.

No   
 Yes

No   
 Yes

If you need to tell us about more than 4 pensions, tell us about them in Part 16.

Please read through this list of social security benefits and other benefits and allowances and answer the question below.

- Jobseeker's Allowance
- Pension Credit
- Severe Disablement Allowance
- Incapacity Benefit
- Employment and Support Allowance
- Industrial Injuries Disablement Benefit
- Reduced Earnings Allowance
- Disability Living Allowance
- Motability or any other help with mobility problems, for example, an invalid vehicle
- Attendance Allowance
- Widow's Benefit
- Maternity Allowance
- Carer's Allowance
- Bereavement Allowance
- Bereavement Payment
- Widowed Parent's Allowance
- Child Benefit
- Child Benefit – Lone Parent Rate
- Guardian's Allowance
- State Pension.
- any other social security benefit.

---

**Are you or your partner, getting any of these benefits or any other social security benefit?**

Tick Yes, if you or your partner, are waiting to hear about a benefit.

No  Go to Page 22.

Yes  Please tell us about these benefits on the next page.

	Benefit 1	Benefit 2	Benefit 3
Name of the benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who has claimed this?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference number You can find this number on letters we have sent you about this benefit.	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is paid?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often is it paid?	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other – how often? <input type="text"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other – how often? <input type="text"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other – how often? <input type="text"/>
On what day is it paid?	<input type="text"/> day	<input type="text"/> day	<input type="text"/> day
How is it paid?	Direct into a bank or building society account <input type="checkbox"/> Other <input type="checkbox"/>	Direct into a bank or building society account <input type="checkbox"/> Other <input type="checkbox"/>	Direct into a bank or building society account <input type="checkbox"/> Other <input type="checkbox"/>
Date of your next payment	<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"/>
Is any money being deducted from the benefit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
What is it for?	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need to tell us about more than 3 benefits, use the space in **Part 16** of this form.



Have you or your partner ever claimed Carer's Allowance? Tick Yes, even if you were not paid any Carer's Allowance. This could have been because you were better off getting another benefit.

No   
 Yes  Please tell us about this below.

Has Carer's Allowance stopped in the last 3 months?

No   
 Yes

Who was it paid to?

You  Your partner

Date of last payment

Name of the person being cared for

Address of the person being cared for

  
  
  


Do you or your partner get War Widow's/ Widower's Pension?

No   
 Yes  What is the reference number?

Does this include a supplementary pension awarded to women widowed before 1973?

No   
 Yes

You must send us proof of this pension. For example, the award notice form **WP A504** or the form **UPR1S** you get each year to tell you how much the pension is going to be.

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

Do you or your partner get a War Disablement Pension?

No   
 Yes  What is the reference number?

You must send us proof of this pension. For example, the award notice.

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

Are you and your partner currently getting Return to Work Credit?

No   
 Yes

Did you or your partner get Return to Work Credit in the last 3 months?

No   
 Yes  What was the date of the last payment?  /  /

Do you or your partner get In Work Credit?

No   
 Yes

We need to know if you, your partner or anyone else you are claiming Income Support for, have any other money coming in.

Money coming in includes

- any training allowance
- Statutory Sick Pay
- Statutory Maternity Pay
- Statutory Adoption Pay
- Statutory Paternity Pay
- other benefits, allowances and pensions that are not from Social Security
- Working Tax Credit
- Child Tax Credit
- fostering fees or allowances
- student grants or loans – including Career Development loans
- money from a charity or benevolent fund
- payments made in lieu of Concessionary Coal
- War Pension
- Money from a trust fund.

Do you, your partner, or anyone else you are claiming Income Support for, have any of the money coming in that we have listed above?

No   
 Yes  Please tell us about this below.

Who gets this money?

**Money 1**

**Money 2**

What is this money?

How much is paid?

£  every

£  every

What day is it paid?

day

day

You must send us proof of any payment you get. For example, a document or statement from the person or company that pays the money, a court order, payslips or a full bank statement showing the amount and how often it is paid.

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16. This note does not apply to Working Tax Credit or Child Tax Credit.**

**Do you, your partner, or anyone else you are claiming for, get maintenance payments?**

Tell us about maintenance paid

- voluntarily
- because of a written agreement
- because of a court order, or
- a child maintenance assessment.

No

Yes  Please tell us about this below.

Who gets this money?

Who is this money for?

Who is paying you this money?

How much is paid?

What day is it paid?

**Money 1**




£  every

day

**Money 2**




£  every

day

**Does anyone owe you, your partner, or anyone else you are claiming Income Support for, any money?**

This might be for things like

- arrears of maintenance
- money lent to someone.

No

Yes  Please tell us about this below.

Who is owed this money?

How much is owed?

What is this money owed for?

When do you expect this to be paid back?

**Money 1**

£

/  /

**Money 2**

£

/  /

Do you or your partner get any payments from a creditor insurance policy?

For example, to help you keep up with your repayments on a credit card, loan or hire purchase agreement. Do not tell us here about policies that cover mortgages or home improvement loans.

No

Yes  Please tell us about this below.

Name and address of insurance company

Policy 1	
Postcode	

Policy 2	
Postcode	

The insurance company's phone number

Code	Number

Code	Number

Who does the insurance company make the payments to?

Direct to the credit company

To you or your partner

Direct to the credit company

To you or your partner

How much is paid and how often?

£		every
---	--	-------

£		every
---	--	-------

When did the payments start?

	/		/	
--	---	--	---	--

	/		/	
--	---	--	---	--

When will the payments end?

	/		/	
--	---	--	---	--

	/		/	
--	---	--	---	--

Are the payments made by the insurance company more than the amount you usually pay to the credit company?

No

Yes  What is the excess used for?

No

Yes  What is the excess used for?

You must send us proof from your insurance company of the exact breakdown of payments.

You must send us proof from your insurance company of the exact breakdown of payments.

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

If you need to tell us about more than 2 policies, use the space in Part 16 of this form.

Does anyone pay money to someone else on your behalf?  
For example, money for gas or electricity bills.

No   
Yes  Please tell us about this below.

Money 1

Money 2

Who pays this?



What is the money for?



How much is paid?

£  every

£  every

Does anyone pay you, your partner, or anyone else you are claiming Income Support for, to rent rooms or property? For example, boarders, lodgers, tenants and subtenants.

No   
Yes  Please tell us about this below.

Rent 1

Rent 2

Who pays the rent?



Who do they pay?



How much is paid?

£  every

£  every

What day is it paid?

day

day

Tick here if the money they pay includes any money for heating or meals

Heating  Meals

Heating  Meals

Do you, your partner, or anyone else you are claiming Income Support for, have any other money coming in that you have not already told us about?

No   
Yes  Please tell us about this below.

Money 1

Money 2

Who gets this money?



What is the money for?



How much is paid?

£  every

£  every

What day is it paid?

day

day

If you have any proof of this money, please send us the proof.

Do you or your partner live with parents, relatives or friends as part of their family?

No

Yes  Please tell us about this below. Then go to Part 14.

Name of the head of the household

Relationship to you.

For example, parent, friend or relative.

Do you or your partner share the rent or mortgage for the place where you live with anyone else?

No

Yes  Please tell us about this below.

Tick **No**, if you or your partner just share with each other.

What is their name?

Do you or your partner rent your home from the NIHE?

No

Yes  Please tell us about this below.

If the NIHE is paying for you to stay in bed and breakfast, or in a hotel, tick **Yes**.

If you do not pay rent because you get Housing Benefit, tick **Yes**.

Name and address of your local NIHE office

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Are you or your partner already getting, waiting to hear about or intending to claim Housing Benefit?

No

Yes

To claim Housing Benefit for rent fill in Form HB1.  
This benefit does not affect the amount of Income Support you receive.

Do you or your partner pay a private landlord or landlady or housing association for the place where you live?

No

Yes  Please tell us about this below.

Tick Yes, if you

- just pay rent for the place where you live, or
- you pay for meals as well, or
- live in a hotel, guest house, hostel or somewhere like this.

Their name

Their address

  
  
  
 Postcode

Are you or your partner getting, waiting to hear about or intending to claim Housing Benefit?

No

Yes

To claim Housing Benefit for rent fill in form HB1. This benefit does not affect the amount of Income Support you receive.

Do you or your partner pay service charges for the place where you live?

No

Yes  Please tell us about this below.

For example, cleaning and maintenance of stairs and hallways.

How much is paid?

 every

What is this for?

When did you start paying these charges?

Please send us proof of your service charges. For example, a statement from your landlord or a copy of the annual bill, showing what items the service charges cover.

Is the home where you or your partner live subject to a long-term tenancy agreement?  
By long-term tenancy, we mean a tenancy agreement which is for more than 21 years.

No

Yes

We will write to you about this.

To claim Housing Benefit fill in form **HB1**. This benefit does not affect the amount of Income Support you receive.

---

Do you or your partner live in a care home?

No

Yes

**Do you or your partner own your home?**  
Tick Yes, if the home is on a mortgage or loan or if it is leasehold or freehold.

- No  Go to Part 13.  
 Yes  To claim Housing Benefit fill in form F1A.  
 This benefit does not affect the amount of Income Support you receive.

**Do you or your partner have a mortgage or loan on your home?**

- No   
 Yes  Please tell us about this below.

Whose name is the mortgage or loan in?

- Yours  Your Partner's  Both

Is it secured on your home?

- No   
 Yes

When was it taken out?

 /  / 

Is it for anything apart from buying the place where you or your partner live?  
 For example, a piece of land, a car, home improvements or repairs.

- No   
 Yes  Please say what it is for.

**Was your original mortgage taken out before October 1995?**

- No   
 Yes  Please tell us about this below.

Who was the mortgage lender?

Original mortgage	Remortgage 1	Remortgage 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Whose name was the mortgage in?

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

When was it taken out?

<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"/>
--	--	--

Which address was this mortgage for?

Current Address <input type="checkbox"/>	Current Address <input type="checkbox"/>	Current Address <input type="checkbox"/>
Previous address <input type="checkbox"/>	Previous address <input type="checkbox"/>	Previous address <input type="checkbox"/>

If you or your partner have more than 2 remortgages, please tell us in Part 16 Other information.

**Do you pay any other charges on your home?**  
 For example, rent charges.

- No   
 Yes  We may write to you about this.

Do you or your partner have a second mortgage, a home improvement loan or a loan for repairs?

No   
Yes

When was it taken out?

What was it used for?

Is it secured on your home?

No   
Yes

Is the mortgage or loan covered by any insurance policies, that will pay your mortgage or home loan, if you or your partner become unemployed or ill?

No   
Yes  Please tell us about this below.

Have you made a claim on the insurance policy?

No  Please do so.  
Yes  When do you expect to get the first payment?

Is any part of the place where you or your partner live rated as a business?

No   
Yes  We will write to you about this.

Do you or your partner pay ground rent?

No   
Yes  Please tell us about this below.

How much is paid?

When did you start paying this?

Please send us proof of your ground rent. For example, your tenancy agreement.

Is your home, or your partner's home leasehold?

No   
Yes

When the lease was first granted, was it for more than 21 years?

No   
Yes

How many rooms are there in your home? Do not include the kitchen, hall or bathroom and toilet.

Do you or your partner live in a care home?

No  Go to Part 14.

Yes  When did you move to the address where you live now?

Did the Health & Social Care Trust help you or your partner get a place in the home?

No

Yes

Not known

Are you or your partner paying for this care out of any savings you have?

No

Yes

Are family or friends paying for this care?

No

Yes

Are you or your partner living in a care home on a temporary basis?

No

Yes  Make sure you have told us about your usual address in the other parts of this form.

If temporary, how long do you or your partner expect to stay?

Did you or your partner ever own your home before you moved to where you are living now?

No

Yes

Who owned it?

Has it been sold?

No

Yes  On what date?  /  /

How much for?  £

If it has **not** been sold, does anyone live there?

No

Yes  We will write to you about this.

**Are you married or in a civil partnership?**

No  Go to **Part 14**.

Yes  Please tell us about your spouse or civil partner.

What is your spouse's or civil partner's full name?  
By *spouse*, we mean your husband or your wife.

If your spouse or civil partner is not living with you in the care home, please tell us their address.

<input type="text"/>
<input type="text"/>
Postcode

Have you told us about any occupational, personal, work or employee's pensions or payments from the Pension Protection Fund for yourself in **Part 8**?

No  Go to **Part 14**.

Yes

**Are you, your partner or anyone else you are claiming Income Support for, registered blind or severely sight impaired?**

If anyone was registered blind or severely sight impaired but has come off the blind register in the last 28 weeks, please tell us about this in **Part 16** of this form.

No

Yes

Who is registered blind or severely sight impaired?

**Are you or your partner pregnant?**

If **Yes**, you may be entitled to Healthy Start Vouchers. To claim Healthy Start vouchers you should fill in the form in leaflet **HS01 A healthy start for pregnant women and young children**. You can get it from your doctor's surgery or health clinic, or by phoning **08701 555 455**.

No

Yes

Who is pregnant?

What date is the baby expected?

**Are you, your partner or anyone else you are claiming Income Support for, doing or have just finished, a course of education or training?**

Who is currently doing a course or has just finished a course?

No

Yes

Please tell us about this below.

Name of course or training scheme

Name of school, training centre, college or university

How many hours a week is it or was it?

 hours

Date it ended or is expected to end

Date of final examination

Are you or your partner entitled to a student loan or bursary?

No

Yes

Please send us proof of the last loan/bursary award notice and term dates for the last academic year.

**You may lose benefit if you do not provide original documents by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

Everyone must answer these questions, if you do not your claim may be delayed.

By the *United Kingdom* we mean England, Scotland, Wales and Northern Ireland.

If a UK national, do you or your partner have the right of abode in the UK?

For example, you have the right of abode in the UK if you are a British citizen.

By the *right of abode* we mean you

- are free from immigration control, **and**
- do not need the permission of an immigration officer to enter the UK, **and**
- can live and work in the UK without restriction.

**You**

No

Yes

**Your partner**

No

Yes

At any time, have

- you, your partner, or
- anyone else you are claiming Income Support for come to live or returned to live in the United Kingdom (UK) from abroad?

No

Yes  Please tell us about this below.

**Person 1**

**Person 2**

Who has come to live in the UK?



What is their nationality?



Which country have they come from?



Was this to work in the UK?

No

Yes

No

Yes

Has the Home Office put a limit on how long they can stay in the UK?

No

Yes

No

Yes

Does their passport say **no recourse to public funds**?

No

Yes

No

Yes

If they have lived in the UK before, when did they last leave the UK?

 /  / 
 /  /

Have you, your partner or anyone else you are claiming Income Support for, come to the UK under the Family Reunion Scheme?

- No  Please go to the next question.
- Yes  Please go to the next page.

Have you, your partner or anyone else you are claiming Income Support for, come to the UK under a sponsorship undertaking?

- No  Please go to the next page.
- Yes  Please tell us about this below.

A 'sponsorship undertaking' is a form that a relative must sign to say that they will pay for your living expenses if you settle in the UK. You can find out more by visiting [www.ukvisas.gov.uk](http://www.ukvisas.gov.uk)  
 A sponsorship undertaking is not the same as the Family Reunion Scheme.

Who is being sponsored?

Name of the sponsor

Address of the sponsor

Postcode

Home Office reference number

What date did the sponsor sign the sponsorship undertaking?

If more than one sponsor signed the sponsorship undertaking, please tell us about them in **Part 16 Other information**.

**We may get in touch with you for more information.**

Please answer all these questions, even if you think they do not apply to you.

	You	Your partner
Are you or your partner an asylum seeker?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Did you first apply for asylum before 3 April 2000?	No <input type="checkbox"/> If you are still an asylum seeker, you will not usually be entitled to benefit. But you may be entitled to get help from the Home Office.  Yes <input type="checkbox"/> Send us proof of the asylum application with this form. Or you can bring the proof to your local Social Security or Jobs & Benefits office.	No <input type="checkbox"/> If you are still an asylum seeker, you will not usually be entitled to benefit. But you may be entitled to get help from the Home Office.  Yes <input type="checkbox"/> Send us proof of the asylum application with this form. Or you can bring the proof to your local Social Security or Jobs & Benefits office.
Have you or your partner had a successful decision on an asylum application?	No <input type="checkbox"/> Yes <input type="checkbox"/> Send us proof of the decision with this form. Or you can bring the proof to your local Social Security or Jobs & Benefits office.	No <input type="checkbox"/> Yes <input type="checkbox"/> Send us proof of the decision with this form. Or you can bring the proof to your local Social Security or Jobs & Benefits office.
What was the date when you got the successful decision of your asylum application?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
Have you or your partner been supported by the Home Office while waiting for a decision on an asylum application?	No <input type="checkbox"/> Please go to <b>Part 15</b> . Yes <input type="checkbox"/> Send us details of any support given to you by the Home Office. For example, a letter from the Home Office which tells us about these things.	No <input type="checkbox"/> Please go to <b>Part 15</b> . Yes <input type="checkbox"/> Send us details of any support given to you by the Home Office. For example, a letter from the Home Office which tells us about these things.

**We normally pay your money into an account**

Many banks and building societies will let you collect your money at the post office.

We will tell you when we will make the first payment and how much it will be for. We will tell you if the amount we pay into the account is going to change.

**Finding out how much we have paid into the account**

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

**What to do now:**

- Tell us about the account you want to use on the next page. By giving us your account details you:
  - agree that we will pay you into an account, and
  - understand what we have told you above in the section **If we pay you too much money**.
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account, please contact us and we will give you more information.

**If we pay you too much money**

We have the right to take back any money we pay you, that you are not entitled to. This may be because of the way the system works for payments into an account.

For example, you may give us some information, which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

***Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.***

### About the account you want to use

- You can use an **account in your name**, or a **joint account**.
- You can use **someone else’s account** if:
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a **credit union account**. You must tell us the credit union’s account details. Your credit union will be able to help you with this.
- If you are an **appointee** or a **legal representative** acting on behalf of the customer, the account should be in your name only.

Please tell us your account details below.

It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

#### Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

#### Full name of bank or building society

#### Sort code

Please tell us all six numbers for example, 12-34-56

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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#### Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

<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"/>	<input type="text"/>
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#### Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

<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"/>	<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"/>
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You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

Have you answered all the questions on the form that apply to you, or partner if you have one?

No

Yes

If **No**, please tell us why you have not answered all the questions.

There is more information about this in the notes at the front of this form.

Can you provide all the documents we have asked for?

No

Yes

If **No**, please tell us why you cannot provide all the documents.

**Post Office<sup>®</sup> details**

Please provide details of your local post office. We still need Post Office<sup>®</sup> details even if your money is paid into an account.

Postcode

If you want someone to go to the post office for you, please tell us about them below.

Their name and address

Postcode

Their National Insurance (NI) number

Letters	Numbers			Letter
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Please tell us why you need someone to go to the post office for you regularly

**Please use this space to tell us anything else you think we might need to know.**

Continue on a separate sheet of paper, if necessary. But make sure you sign and date it and write your full name and address and National Insurance (NI) number on it.

A large, empty rectangular box with a thin black border, intended for the user to provide additional information as requested in the text above. The box is currently blank.

Now read the declaration

I understand that

- if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of that benefit.

I declare that the information I have given on this form is correct and complete as far as I know and believe and I have included all my income and savings.

(Under section 15 of the Social Security Fraud Act (NI) 2001 it is an offence to fail to notify a change of circumstances promptly. Failure to tell us about a change in your circumstances promptly may result in action being taken against you).

Please sign and date this form.  
This is my claim for Income Support.

Signature

Date

Now please read the notes on the next page of this form.

For our use

I read back to the customer the entries I made on this form based on the information given by them. The customer agreed they were correct.

Interviewing officer's signature

Customer's signature

Date

- Check** that you are providing all the documents we have asked for. Use the checklist below.
- Check** that you have answered all the questions on this form that apply to you and your partner, if you have one.
- Check** that you have given us ALL your account details at Part 15 if you want to be paid directly.
- Check** that you have signed and dated this form.

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### Proof of identity

It is important that we can be sure of your identity when you claim Income Support. We may need to ask you more questions about this. We may also need to see official documents that help prove your identity.

A National Insurance number is not proof of identity

- 
- the last 2 monthly or last 5 weekly payslips if you or your partner are still working or are off work sick
  - any papers about
    - redundancy payments
    - lump sum payments
  - proof of savings over £5,500 including any Savings Certificates and share certificates
  - proof of any pension you have told us about
  - any proof we have asked for of other money coming in
  - proof of any payments from a credit insurance policy
  - proof of any War Widow's Pension
  - any passports or immigration documents we have asked for
  - any proof we have asked for about an asylum application made by you or your partner

**You may lose benefit if you do not provide all the original documents we have asked for by the date on the front of this form. If you cannot provide these documents, please tell us why in Part 16.**

Send or take this form and any documents we have asked for to your Social Security or Jobs & Benefits office.

this claim form

form **HB1** or **F1A** if you want to claim Housing Benefit  
Your Office address is on the envelope  
you were given with this form.

## Part 20 What happens next

- If you are entitled to Income Support we will write to tell you how your Income Support has been worked out and how you will be paid.
- If you are not entitled to Income Support we will write to tell you why and what to do if you disagree with the decision.
- Your local Northern Ireland Housing Executive or Land & Property Services office will get in touch with you about form **HB1** or **F1A**.
- We will not be able to deal with your claim and may have to send your claim form back to you if
  - you have not answered all the questions on this form that apply to you and your partner, if you have one, or
  - you have not provided all the documents we have asked for.

## How we collect and use information

We, the Department for Social Development (DSD) collect information to deal with Social Security, Child Support, employment and training, housing and community development and urban regeneration (redeveloping towns, cities and villages). The information we collect about you depends on the type of your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we may have. We may get information about you from other people and certain organisations.

We may give information to certain other organisations, as allowed by the law, to:

- check that the information is accurate
- prevent or detect crime
- protect public funds in other ways, and
- use in research statistics.

These other organisations include other government departments, authorities who deal with Housing Benefit and private-sector organisations (such as banks) that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department for Social Development is the data controller for the Data Protection Act.

If you want to know more about what information we have about you, or the way we use your information, please contact us. You can contact any of our offices and ask for leaflet Data Protection Act 1998 – It affects you. Or you can find a copy of the leaflet on our website at [www.dsdni.gov.uk](http://www.dsdni.gov.uk)

## For our use

Date valid claim received

Initials

Date







