

# Income Support

## Why we have sent you this form

You have been getting Income Support for a while now. We need to make sure that you are getting the right amount of money.

The amount of money you are entitled to is based on the information you have already given us.

If anything changes and you do not tell us, you might get the wrong amount of money.

## What to do

Just fill in this form. You may have answered some of the questions before, but we need your answers again. Please tell us about the people you are claiming for and about any other people who live with you.

Although this claim form is rather long, it is important that you answer the questions that apply to you.

It is important that any evidence you provide to support your claim must be an original document – not a photocopy. The form tells you which documents we need.

## When you have filled in this form

Send this form back to us as soon as you can. If you wait for more than a month, you could lose some money.

**We will only get in touch with you if the amount of money you get changes.**

## More information

If you want more information about Income Support or Social Security benefits generally

- get in touch with your Social Security or Jobs & Benefits office. You can find the phone number and address on the advert in the business numbers section of the phone book. Look under Government of Northern Ireland – Department for Social Development.
- get in touch with an advice centre.
- visit our website at [www.nidirect.gov.uk](http://www.nidirect.gov.uk)

## Our service standards

The Social Security Agency aims to provide a high standard of customer service at all times. Details of the standard or 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 need help

If you need help to fill in this form you can:

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

## If you are a lone parent

Additional help is available to lone parents who volunteer to join the New Deal Lone Parent/Steps to Work Programme. If you agree to take part you will have your own Employment Service 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 an Employment Service Adviser. If you are claiming for a partner, your partner may also be required to take part in a Work focused Interview with an Employment Service 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 an Employment Service Adviser

An Employment Service 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 Employment Service 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 the Work focused Interview.

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

## Child Tax Credit

The Child Tax Credit is a payment to support families with children. It can be claimed by those responsible for one or more children or young persons.

New claims for Income Support will not include payments for children. This is because Child Tax Credit will provide money for children.

If your family is already on Income Support it will change over automatically.

**Do you have a partner who is living with you?**

We use *partner* to mean

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

**National Insurance (NI) number**

**Surname or family name**

**All other names** in full

**All other surnames or family names**

you have been known by or are using now.

**Date of birth**

**Your Permanent Address**

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

**Your Contact Address**

If it is different from above.

**Daytime phone number** if you have one

**What is this number?**

**You**

**No**

**Yes**  Your partner may be required to take part in a Work focused Interview if you have been claiming benefit for 26 weeks or longer.

Letters   Numbers     Letter

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

Mr / Mrs / Miss / Ms

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

/  /

Postcode

Postcode

Code  Number

Home  Work  Mobile  Textphone  Fax

**Your partner**

Letters   Numbers     Letter

Mr / Mrs / Miss / Ms

/  /

Postcode

Postcode

Code  Number

Home  Work  Mobile  Textphone  Fax



**We need to know about any work that you or your partner are doing now. Or any work that you or your partner may have done in the last 9 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
- paid or unpaid parental or paternity leave
- paid or unpaid sick leave.

	You	Your partner
<b>Are you or your partner self-employed or a company director?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are you or your partner currently trading or working as a company director?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>If you or your partner have recently been sub-contracting, on what date did you last work?</b>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
<b>Have you or your partner done any work in the last 9 months?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did this work start?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
If this work has finished, when did it finish?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>

**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 3**

Yes

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 3**

Yes

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

**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 12**.

**No**  Go to **Part 4**.

**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	Are you or your partner getting or have you claimed Child Benefit for this child or qualifying young person?		Does the child or qualifying young person 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 14**

- if you have more than 8 children or qualifying young persons
- if you have any children or qualifying young persons who normally live with you but are in hospital, at boarding school or in HSC/Trust Care

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 Options. You can get it from your local Social Security or Jobs & Benefits office.

**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
- relatives, if they live in your household
- boarders and lodgers
- friends
- anyone else who lives in the same household.

**Do not tell us about**

- members of your immediate family, if you live with them in their household
- 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
- other residents, if you live in a care home
- foster children, children or qualifying young persons boarded out with you while they wait to be adopted.

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

No  Go to **Part 5**.

Yes  Please tell us about these people.

**Person 1**

**Person 2**

Full name

Sex Male  Female

Male  Female

Date of birth  /  /

/  /

Relationship to you

Do they work for 16 hours or more a week? No

No

Yes

Yes

When did they come to live with you?  /  /

/  /

**Person 3**

**Person 4**

Full name

Sex Male  Female

Male  Female

Date of birth  /  /

/  /

Relationship to you

Do they work for 16 hours or more a week? No

No

Yes

Yes

When did they come to live with you?  /  /

/  /

If you need to tell us about more than 4 people, please tell us about them in **Part 14** 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,
- the Skipton Fund or
- MFET Limited

	Person 1	Person 2
<b>Do they have any money coming in?</b>	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
<b>Do they have any money coming in?</b>	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 14** 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.

is the partner of

is the partner of

We need to know about any money, savings and property in this country or abroad that you, your partner or any children you are claiming Income Support for have.

Do not tell us about any money from

- the Macfarlane Trust,      ● the Independent Living Fund,
- the Fund,                      ● the Skipton Fund, or
- the Eileen Trust,              ● MFET Limited

**Do you or your partner have any of the following?**

You must answer for every item in the list.

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

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

Name of company the shares are held in	Number of shares
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you or your partner have more than 3 types of shares, tell us about them in **Part 14**.

£

**How much are your savings worth in total?**

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

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 form and savings account books must be up to date.



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

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

We will write to you if we need more information.

**You**

No

Yes

On what date did you get it?  /  /

How much?

We may write to you about this at a later date.

**Your partner**

No

Yes

On what date did your partner get it?  /  /

How much?

Part 6 About pensions

Are you or your partner getting, or waiting to hear about, State Pension?

Is State Pension already being paid?

How much is it each week?

State Pension reference number.  
You can find this number on letters we have sent you about this benefit.

On what day is it paid?

How is it paid?

**You**

No  Go to next page

Yes  Please tell us about this.

No

Yes

day

Into a bank or building society account

Other

**Your partner**

No  Go to next page

Yes  Please tell us about this.

No

Yes

day

Into a bank or building society account

Other

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

## You

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

## Your partner

- No
- Yes  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  Go to **Part 7**.
- Yes  Please tell us about this on page **12**.

- No  Go to **Part 7**.
- Yes  Please tell us about this on page **12**.

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

**Pension 1**

Personal Pension  Public service pension

Pension Protection Fund payment  Occupational, work or employee's pension

**Pension 2**

Personal Pension  Public service pension

Pension Protection Fund payment  Occupational, work or employee's pension

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, the latest statement from the company that pays it **or** your latest bank statement **and** a recent form P60.

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

No

No

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

Yes

Yes

If you need to tell us about more than 2 pensions, tell us about them in **Part 14**.

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

- Child Benefit
- Child Benefit – Lone Parent Rate
- 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
- Bereavement Allowance
- Widow’s Benefit
- Maternity Allowance
- Carer’s Allowance
- Guardian’s Allowance
- Widowed Parent’s Allowance
- Bereavement Payment
- State Pension
- any other social security benefit.

---

**Are you, your partner, or any of the children you have told us about on this form, 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 15**.

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

	Benefit 1	Benefit 2	Benefit 3
<b>Name of the benefit</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Who has claimed this?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Reference number</b> You can find this number on letters sent to you about the benefit.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How much is paid?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>How often is it paid?</b>	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"/>
<b>On what day is it paid?</b>	<input type="text"/> day	<input type="text"/> day	<input type="text"/> day
<b>How is it paid?</b>	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"/>
<b>Date of your next payment</b>	<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"/>
<b>Is any money being deducted from the benefit?</b>	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 14** 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 social security 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 Pension or 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.

**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.

Are you or 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?  /  /

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, but is not limited to

- 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 an annuity
- money from a trust fund.

Do you, your partner, or anyone else you are claiming Income Support for, have any other money coming in?

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.

**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.

Who gets this money?

Who is this money for?

Who is paying you this money?

How much is paid?

What day is it paid?

No

Yes  Please tell us about this below.

Money 1
<input type="text"/>
<input type="text"/>
<input type="text"/>
£ <input type="text"/> every <input type="text"/>
<input type="text"/> day

Money 2
<input type="text"/>
<input type="text"/>
<input type="text"/>
£ <input type="text"/> every <input type="text"/>
<input type="text"/> 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.

Who is owed this money?

How much is owed?

What is this money owed for?

When do you expect this to be paid back?

No

Yes  Please tell us about this below.

<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"/>

**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 amount used for?

--

No

Yes  What is the excess amount used for?

--

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

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

If you need to tell us about more than 2 policies, use the space in **Part 14** of this form.

**Does anyone pay money to someone else on your behalf?**

For example, money for gas or electricity bills.

Who pays this?

What is the money for?

How much is paid?

No

Yes  Please tell us about this below.

Money 1	
<input type="text"/>	
<input type="text"/>	
£	every

Money 2	
<input type="text"/>	
<input type="text"/>	
£	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.

Who pays the rent?

Who do they pay?

How much is paid?

What day is it paid?

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

No

Yes  Please tell us about this below.

Rent 1	
<input type="text"/>	
<input type="text"/>	
£	every
<input type="text"/>	day

Rent 2	
<input type="text"/>	
<input type="text"/>	
£	every
<input type="text"/>	day

Meals

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?**

Who gets this money?

What is this money?

How much is paid?

What day is it paid?

No

Yes  Please tell us about this below.

Money 1	
<input type="text"/>	
<input type="text"/>	
£	every
<input type="text"/>	day

Money 2	
<input type="text"/>	
<input type="text"/>	
£	every
<input type="text"/>	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 12**.

Name of the head of the household

Relationship to you  
for example, parent, friend or relative.

**Have you or your partner claimed Housing Benefit?**

No

Yes

**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

**Do you or your partner pay a private landlord or landlady or housing association for the place where you live?** Tick **Yes**, if you

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

Their name

Their address

No

Yes  Please tell us about this below.

Postcode

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

For example, cleaning and maintenance of stairs and hallways.

How much is paid?

What is this for?

When did you start paying these charges?

No

Yes

£		every
	/	/

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

**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 11**.  
**Yes**

**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 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.

**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?**

When was it taken out?

What was it used for?

No

Yes  Please tell us about this below.



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?**

Have you made a claim on the insurance policy?

No

Yes  Please tell us about this below.

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?

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.

## Part 11 For people who live in a care home

Do you or your partner live in a care home?

No  Go to **Part 12**.

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

Did you or your partner get help from the HSC Trust to get a place in the home?

No

Yes

Don't know

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 12**.

Yes  Please tell us about your spouse or civil partner.

What is your spouse 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.

  
  
 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 6**?

No  Go to **Part 12**.

Yes

## Part 12 Special circumstances

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

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:

**08456 076 823**

No

Who is pregnant?

Yes

What date is the baby expected?  /  /

**Are you, your partner, or anyone else you are claiming Income Support for, sick?**

Tell us if you are sick, even if you are claiming for another reason. You may get extra money if you are sick for a total of at least 364 days.

No

Yes

Who is sick?

Please tell us about this sickness

**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?

Name of course or training scheme

Name of school, training centre, college or university

How many hours a week is it or was it?

Date it ended or is expected to end

Date of final examination

Are you or your partner entitled to a student loan?

No

Yes

Please tell us about this below.



 hours

 / /

 / /

No

Yes

You may be asked for information about student income and term dates at a later date.

**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 the hospital

**You**

No

Yes  Please tell us about this below.

/ /

/ /

Postcode

**Your partner**

No

Yes  Please tell us about this below.

/ /

/ /

Postcode

**Have you been abroad since you made your claim for benefit?**

Tell us when you were abroad

Why were you abroad?

No

Yes  Please tell us about this below.

From / / to / /

From / / to / /

**Do you have any foster children living with you, or children or qualifying young persons who are boarded out with you, while they wait to be adopted?**

No

Yes

**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.

**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.

**We will contact you before we take back any money.**

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.

---

**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 6 numbers, for example: 12-34-56.

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

**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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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

**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.**

Post Office details

**Please provide details of your local post office.**  
We still need post office 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="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"/>

**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 actions.
- 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.**

**Check** that you have answered all the questions in this form that apply to you and your partner, if you have one.

**Check** you have told us

- your National Insurance (NI) number
- your partner's NI number.

**Check** that you have given us ALL your account details at **Part 13** if you want to be paid directly.

**Check** that you have given us any extra information we have asked for in **Part 14** of this form.

**Check** that you have signed and dated this form.

**Check** that you are sending with this form original

- payslips
- proof of savings, and
- any other documents we have asked for.

### 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.

## Part 17 Where to send this form

Take or send this form and any documents we have asked for to your local Social Security or Jobs & Benefits office. The address is on the envelope you were given with this form. It will not need a stamp.

## Part 18 What happens next

- When we get this form back we will check that you are getting the right amount of money.
- If your benefit changes we will write to tell you why.
- If your benefit stays the same we will carry on paying you as usual.

**We will only get in touch with you if the amount of money you get changes.**

### For office use only

**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

## Part 19

### 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 the 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)





