

LPS LONE PENSIONER ALLOWANCE APPLICATION FORM (LPA)



Occupancy ID:

Ratepayer ID:

Property Reference:

You can find these details on your rate bill

The Lone Pensioner Allowance is a 20% reduction in rates for people over 70 and living alone.
There may be exceptions. This allowance is not affected by income or savings.

Do you own your property and pay the rates? Yes ☐ No ☐

If **Yes** continue with the completion of this form. Please complete in CAPITAL LETTERS using black ink.

If **No** please contact Northern Ireland Housing Executive on telephone 03448 920 902 who deals with claims if:

1. You are a tenant who pays rent on the property
2. Ownership of the property has been transferred to someone else and its not part of your estate

If you need help completing this form or require it in a different language or format, please dial **0300 200 7801** (calls charged at local rate).
Dial **18001 0300 200 7801** for Text Relay.

SECTION 1 – YOUR DETAILS

Title: Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other

Surname

First Name(s)

Address of property

Postcode

Telephone number (only to be used if we need to contact you)

National Insurance Number*

→ * Your National Insurance Number is a unique way of identifying who you are. As such this field must be completed. This can be found on your state pension letter, your pension swipe card, or your winter fuel payment letter.

Date of birth

When did you start living alone? (DD/MM/YYYY)

DD/MM/YYYY

SECTION 1 – YOUR DETAILS (CONTINUED)

Is this your sole or main residence? ☐ Yes ☐ No

For applicants with more than one property (including properties outside Northern Ireland) please read the information provided in section 3 of the guidance notes.

Do you live alone in the property? ☐ Yes ☐ No

If you answered **Yes** go to SECTION 2.

If you answered **No** you may still be entitled to the allowance providing the people that live with you meet certain conditions.

Please provide details of the person/persons living in the property with you below.

See section 1 of the guidance notes.

Name	Date of Birth (DD/MM/YYYY)	Relationship to you, if any	Do they fall into one of the criteria outlined in the guidance notes? If so, please state which criteria they fall into.

Important: We may need to ask you for more information. **See guidance notes, back page.**

SECTION 2 – PROOF OF IDENTIFICATION SHOWING YOUR DATE OF BIRTH

Please enclose a PHOTOCOPY of one of the following (do not send original documentation):

- | | | |
|--|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Senior Smart Pass | <input type="checkbox"/> Medical Card | <input type="checkbox"/> Electoral Identity Card |

You can also bring this form and your proof of identification to any Land & Property Services or NIHE office to have your identification verified. If you have any difficulty providing any of the above documents please contact us on 0300 200 7801 or text relay on 18001 0300 200 7801.

SECTION 3 – DECLARATION

1. I confirm that I live alone or that I have provided details of the person/persons living with me. The information I have provided in this application form is true and complete. If I supply or allow to be supplied, any information which I know to be false I may be liable to criminal prosecution.
2. I understand that I must tell Land & Property Services if any of these circumstances change.
3. I am aware that I may have to pay rates that become due as a result of any overpayment of Lone Pensioner Allowance.
4. I confirm that I give my consent for Land & Property Services to seek any further information from other sources to assess this claim.
5. I understand that I must continue to make payments to my rate account while awaiting a decision on my application.

Name (in BLOCK CAPITALS)

Signed

Date

DD/MM/YYYY

Data Protection

LPS collects and stores information for the purposes of rating, valuation, mapping and land registration in Northern Ireland. LPS will use and disclose/share the information you provide in full compliance with the Data Protection Act and the Department of Finance's Data Protection Policy.

If you completed this application form on behalf of the ratepayer please provide the following information:

Name: (in CAPITALS)

Contact Telephone Number:

Signed

Date

DD/MM/YYYY

Relationship (if any) to Applicant:

FURTHER HELP WITH YOUR RATES (OPTIONAL)

Further help with your rates may be available through the Housing Benefit and Rate Relief schemes. You will have to complete a separate claims form and give full details of your income and savings.

Would you like us to send you an application form for Housing Benefit and Rate Relief?

☐ Yes ☐ No

We can arrange for someone to visit your home if you need help with forms.

GUIDANCE NOTES LONE PENSIONER ALLOWANCE APPLICATION

1 PERSONS LIVING WITH YOU

Lone pensioner allowance can be awarded to ratepayers who are 70 or over and live alone. If someone lives with you, you may still be entitled to the allowance, subject to certain conditions, for example:

- **A resident carer.** If the person living with you cares for you for more than 35 hours per week, because you are no longer able to live on your own you may still be eligible for the allowance. However, if the person you are being cared by is your spouse or a partner, they will be considered a disqualified relative and you will not be eligible for Lone Pensioner Allowance.
- **Someone who is in hospital, nursing home or residential care.** If the person's main residence is in a hospital, nursing home or residential care home the allowance may still be granted subject to the provision of information requested in Section 1.
- **A person who is severely mentally impaired.** If a doctor has stated that the person living with you has a severe mental impairment which appears to be permanent (however caused). A form will need to be completed by their doctor to confirm this.
- **Anyone under 18 years old or over 18 if someone is in receipt of child benefit for them.** If you have stated that the person/persons living with you is/are under 18 we will need to see a photocopy of their

birth certificate to confirm this. If they are over 18 and someone is getting child benefit for them we will need to see proof that child benefit is being paid.

- **If you provide care for the person who lives with you.** If you have someone living with you who you provide care for we will contact you to obtain more information about that person.

2 AWARD OF ALLOWANCE

A standard 20% allowance will be awarded where Land & Property Services is satisfied that the applicant has met the conditions of the scheme. This allowance will be applied after any other exemption, relief, rebate, allowance or benefit.

3 SOLE OR MAIN RESIDENCE

Any allowance granted shall only be made in respect of a dwelling house which is the sole or main residence of the person entitled to the allowance. Where an applicant has more than one property (including properties outside Northern Ireland) the allowance can only be awarded on the property within Northern Ireland that the applicant considers to be their main dwelling.

4 SUBMISSION OF APPLICATION

Applications can be submitted by post or at any Land & Property Services office or at any Northern Ireland Housing Executive office where your identification can also be verified.

**PLEASE
RETURN THIS
COMPLETED
FORM TO:**

Land & Property Services

Application Based
Rate Relief Team
Lanyon Plaza
7 Lanyon Place
Town Parks
BELFAST, BT1 3LP

CONTACT US

Dial **0300 200 7801**
(Calls charged at local rates)
If outside NI, dial
+44 28 9049 5794
Text Relay
18001 0300 200 7801



Land &
Property
Services
Seirbhísí
Talún &
Maoiné



Department of
Finance
An Roinn
Airgeadais
www.finance-ni.gov.uk

FOR OFFICIAL USE ONLY

Identification witnessed by: (print)			
Signature:		Date:	
Office address:		Telephone:	
Type of identification witnessed:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Drivers Licence <input type="checkbox"/> Smart Pass <input type="checkbox"/> Passport <input type="checkbox"/> Medical Card <input type="checkbox"/> Electoral Identity Card		