**BENEFIT CHECK INFORMATION FORM**

**FILLING IN THE FORM**

***DETAILS FOR YOURSELF***

|  |  |
| --- | --- |
| **YOUR** FULL NAME |  |
| **YOUR** ADDRESS |  |
|  |  |
|  |  |
| **YOUR** POSTCODE |  |
| **YOUR** TELEPHONE NO. |  |
| **YOUR** DATE OF BIRTH |  |
|  |  |
| **YOUR** NATIONALITY |  |

***DETAILS FOR YOUR PARTNER***

|  |  |
| --- | --- |
| **PARTNER’S** FULL NAME |  |
| **PARTNER’S** ADDRESS |  |
|  |  |
|  |  |
| **PARTNER’S** POSTCODE |  |
| **PARTNER’S** TEL NO. |  |
| **PARTNER’S** DATE OF BIRTH |  |
|  |  |
| **PARTNER’S** NATIONALITY |  |

***YOUR HOUSING***

|  |  |
| --- | --- |
| DOES YOUR PARTNER LIVE WITH YOU? |  |
| HOW MANY BEDROOMS DO YOU HAVE? |  |
| ANY CHILDREN IN YOUR HOUSEHOLD? |  |
| ANYONE ELSE IN YOUR HOME- PLEASE SPECIFY RELATIONSHIP(S) |  |
| PLEASE STATE TYPE OF HOUSING |  |
|  Rented Social, Rented Privately, Owned Outright, owned with mortgage |  |
|  |  |

***YOUR AGE & DISABILITY STATUS***

|  |  |
| --- | --- |
| YOUR AGE |  |
| DO YOU WORK – IF SO, HOW MANY HOURS PER WEEK? |  |
| * NET EARNINGS PER WEEK?
 |  |
| DO YOU RECEIVE DISABILITY OR SICKNESS BENEFITS – State Y or N or “awaiting claim results” |  |
| ARE YOU ILL OR DISABLED BUT NOT CLAIMING BENEFITS? State Y or N |  |
| DO YOU CARE FOR SOMEONE WHO IS SICK OR DISABLED? State Y or N |  |

***BENEFITS YOU RECEIVE***

|  |  |  |
| --- | --- | --- |
|  | *AMOUNT* | *HOW OFTEN PAID* |
| PENSION CREDIT:GUARANTEED PENSION CREDITSAVINGS CREDIT |  |  |
| HOUSING BENEFIT |  |  |
| STATE RETIREMENT PENSION |  |  |
|  |  |  |
| WAR PENSION or WAR WIDOW(er)’S PENSION |  |  |
| FOSTERING ALLOWANCE |  |  |
| CARER’s ALLOWANCE?  |  |  |

|  |  |  |
| --- | --- | --- |
| ATTENDANCE ALLOWANCE – LOWER RATE |  |  |
| ATTENDANCE ALLOWANCE – HIGHER RATE |  |  |
| DISABILITY LIVING ALLOWANCE - CARE |  |  |
| DISABILITY LIVING ALLOWANCE – MOBILITY |  |  |
| PERSONAL INDEPENDENCE PAYMENT – DAILY LIVING |  |  |
| PERSONAL INDEPENDENCE PAYMENT - MOBILITY |  |  |
| INDUSTRIAL INJURIES DISABLEMENT BENEFIT |  |  |
| REGISTERED BLIND (OR CEASED WITHIN LAST 6 MONTHS) |  |  |
| SEVERE DISABLEMENT ALLOWANCE |  |  |
| JOB SEEKER’S ALLOWANCE (JSA) |  |  |
| EMPLOYMENT & SUPPORT ALLOWANCE (ESA) |  |  |
| UNIVERSAL CREDIT |  |  |
| STATUTORY SICK PAY |  |  |

***PARTNER’S AGE & DISABILITY STATUS***

|  |  |
| --- | --- |
| PARTNER’S AGE |  |
| DO THEY WORK – IF SO, HOW MANY HOURS PER WEEK? |  |
| * NET EARNINGS PER WEEK?
 |  |
| DO THEY RECEIVE DISABILITY OR SICKNESS BENEFITS – State Y or N or “awaiting claim results” |  |
| ARE THEY ILL OR DISABLED BUT NOT CLAIMING BENEFITS? State Y or N |  |
| DO THEY CARE FOR SOMEONE WHO IS SICK OR DISABLED? State Y or N |  |
| ARE THEY A CARER – If so, state amount and frequency of any Carer’s Allowance |  |

***BENEFITS YOUR PARTNER’S RECEIVES***

|  |  |  |
| --- | --- | --- |
|  | *AMOUNT?* | *HOW OFTEN PAID* |
| PENSION CREDITGUARANTEED PENSION CREDITSAVINGS CREDIT |  |  |
| THEIR STATE RETIREMENT PENSION |  |  |
|  |  |  |
| DO THEY RECEIVE WAR PENSION or WAR WIDOW(er)’S PENSION? |  |  |
| ANY FOSTERING ALLOWANCE |  |  |
| CARER’S ALLOWANCE?  |  |  |

|  |  |  |
| --- | --- | --- |
| ATTENDANCE ALLOWANCE – LOWER RATE |  |  |
| ATTENDANCE ALLOWANCE – HIGHER RATE |  |  |
| DISABILITY LIVING ALLOWANCE - CARE |  |  |
| DISABILITY LIVING ALLOWANCE – MOBILITY |  |  |
| PERSONAL INDEPENDENCE PAYMENT – DAILY LIVING |  |  |
| PERSONAL INDEPENDENCE PAYMENT - MOBILITY |  |  |
| INDUSTRIAL INJURIES DISABLEMENT BENEFIT |  |  |
| REGISTERED BLIND (OR CEASED WITHIN LAST 6 MONTHS) |  |  |
| SEVERE DISABLEMENT ALLOWANCE |  |  |
| STATUTORY SICK PAY |  |  |
| JOB SEEKER’S ALLOWANCE (JSA) |  |  |
| EMPLOYMENT & SUPPORT ALLOWANCE (ESA) |  |  |
| UNIVERSAL CREDIT |  |  |
| STATUTORY SICK PAY |  |  |

***YOUR HOUSING COSTS***

|  |  |  |
| --- | --- | --- |
|  | *AMOUNT* | *HOW OFTEN DO YOU PAY?* |
| ANY OUTSTANDING BALANCE ON MORTGAGE OR HOUSING LOAN |  |  |
| CHARGES, GROUND RENT, OTHER HOUSING COSTS |  |  |
| RENT |  |  |
| ANY RENT FREE PERIODS? |  |  |
| YOUR COUNCIL TAX BAND – write in amount column |  |  |
| THE FULL AMOUNT OF YOUR COUNCIL TAX PER YEAR |  |  |
| DO YOU RECEIVE A DISCOUNT? If so, show amount |  |  |
| YOUR BILL AFTER DISCOUNT |  |  |
| DO YOU PAY MONTHLY or ANNUALLY Please state M or A |  |  |
| If YOU PAY MONTHLY IS IT OVER 10 or 12 MONTHS |  |  |

***YOUR INCOME***

|  |  |  |
| --- | --- | --- |
|  | *AMOUNT* | *HOW OFTEN DO YOU RECEIVE?* |
| INCOME FROM PRIVATE PENSIONS |  |  |
|  PENSION 1 |  |  |
|  PENSION 2 |  |  |
|  PENSION 3 |  |  |
| INCOME FROM SPOUSAL MAINTENANCE |  |  |
| INCOME FROM CHARITY/VOLUNTARY SOURCES |  |  |
| INCOME FROM SUB-TENANTS |  |  |
| HOW MANY SUB-TENANTS ARE THERE? |  |  |
| ARE YOU RESPONSIBLE FOR STUDENT(S) LIVING WITH YOU? |  |  |
| DO YOU OWN ANY OTHER PROPERTIES?If YES what are the property/properties valued at? |  |  |
| ANY OTHER INCOME? |  |  |

***YOUR SAVINGS OR CAPITAL***

|  |  |
| --- | --- |
|  | AMOUNT? |
| SAVINGS OR CAPITAL***This includes things like cash, bonds, shares and any lump sum payments received as part of equity release*** |  |

***PARTNER’S INCOME***

|  |  |  |
| --- | --- | --- |
|  | *AMOUNT* | *HOW OFTEN DO YOU RECEIVE?* |
| INCOME FROM PRIVATE PENSIONS |  |  |
|  PENSION 1 |  |  |
|  PENSION 2 |  |  |
|  PENSION 3 |  |  |
| INCOME FROM SPOUSAL MAINTENANCE |  |  |
| INCOME FROM CHARITY/VOLUNTARY SOURCES |  |  |
| INCOME FROM SUB-TENANTS |  |  |
| HOW MANY SUB-TENANTS ARE THERE? |  |  |
| ARE THEY RESPONSIBLE FOR STUDENT(S) LIVING WITH YOU? |  |  |
| DO THEY OWN ANY OTHER PROPERTIES? State Y or N |  |  |
| DO THEY HAVE ANY OTHER INCOME? |  |  |

***YOUR SAVINGS OR CAPITAL***

|  |  |
| --- | --- |
|  | AMOUNT? |
| SAVINGS OR CAPITAL***This includes things like cash, bonds, shares and any lump sum payments received as part of equity release*** |  |

THANK YOU FOR FILLING IN THIS FORM ACCURATELY SO THAT AGE UK NORFOLK CAN CHECK YOUR BENEFITS AND PROVIDE YOU WITH THE BEST POSSIBLE ADVICE. PLEASE POST BACK TO US IN THE FREEPOST ENVELOPE PROVIDED WITH THE FORM.

***\*\*\*\* Please note that results of the check will be posted to you along with advice as to how you can go about claiming any potential benefits. Age UK Norfolk do not accept responsibility for the figures produced as a result of this benefit check and all results should only be used as a guidance. Other agencies such as DWP, District & County Councils, HMRC etc. will be able to provide definitive results when you apply.***

***If you are eligible, and decide to go ahead with any claims, we may be able to help you fill in the forms.***