



Providing Revenues & Benefits services for  
City of Lincoln Council and North Kesteven District Council

Claim reference: (This can be found on your letter)

## Housing Benefit and Council Tax Reduction Review Form

This form is for people who have received a letter from us about the [Housing benefit and/or Council Tax Support review](#).

**The review of your claim must be completed. Failure to do so, may result in your claim being stopped.**

**Return this form to:**

Revenues and Benefits Office  
PO Box 1257  
Lincoln  
LN5 5PQ

**By email:** Lincoln residents [benefits@lincoln.gov.uk](mailto:benefits@lincoln.gov.uk)  
NK residents [nk.benefits2@lincoln.gov.uk](mailto:nk.benefits2@lincoln.gov.uk)

## Section 1 – About you

Your last name

Other names

Title

National Insurance number

Date of birth

Daytime phone number

Your address

Are you living away from this address?

No

Yes  Give details below

Why are you living away?

When will you go back?

Your current address

## Section 2– About your partner

Do you have a partner who normally lives with you?

No

Yes  Give details below

By partner we mean someone of either sex who you are married to or who is your civil partner, or who you live with as if they were your married or civil partnered

Your partner's last name

Other names

Title

National Insurance number

Date of birth

**Does your partner live at the same address as you?**

No  Give details below  
Yes  Go on to Section 3

Why are they living at a different address?

Is this a permanent or temporary arrangement?

Your partner's address

Postcode

## Section 3 – Earnings

**Do you or your partner work?**

No   
Yes  Please give details below

**You**

**Your partner**

**How much are you paid?**  
Give the amount before tax National Insurance and pension are taken off

£

£

**How often are you paid?**

**How many hours do you work?**

Give the number you normally work each week.

**What is your employer's name and address?**

If you are self-employed, please confirm this and give your business address.

Postcode

**What is the name and address of your partner's employer?**

If your partner is self-employed, please confirm this and give their business address.

Postcode

**Do you or your partner have more than one job?**

No   
Yes  Please supply details on a separate sheet.

**If your, or your partner's earnings have changed since you last gave us details, please tell us the date of the change.**

/  /

/  /

## Section 4 – Benefits and pensions

Do you or your partner get any benefits or pensions? No   
 Yes  Please give details below

Benefits and pensions include things like Child Benefit, Child Tax Credit, Incapacity Benefit, Maternity Allowance, Pension Credit, Retirement Pension, War Pension and Working Tax Credit.

	You	Your partner
Type of benefit	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
Type of benefit	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
Type of benefit	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
Type of benefit	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
If your, or your partner's benefits have changed since you last gave us details, please tell us the date of the change.	<input type="text"/>	<input type="text"/>

## Section 5 – Other money coming in

Do or your partner have any other money coming in? No   
 Yes  Please give details below

This includes things like student grants or loans, pensions, child maintenance, training allowances, cash, and payments in kind.

	You	Your partner
Type of income	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
Type of income	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
Type of income	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>

Type of income

Amount

How often?

If your, or your partner's other income has changed since you last gave us details, please tell us the date of the change.

## Section 6 – People living with you

Please list below everyone else who normally lives with you. This includes any children or adults living with you, other than your partner. Please put down anyone who normally lives with you but who is away temporarily. If you run out of space, please add the details on a separate sheet of paper.

Name	Date of birth	Relationship to you

Have there been any changes with these people since you last gave us details?

No

Yes  Please give details below.

Name	Date of change	Type of change

Are any of the people in the list living away from you temporarily?

No

Yes  Please give details below

Name	Why are they living away?

Are any of the people in the list students or trainees?

No   
 Yes

Please give details below, including the type of the course and whether it is full-time or part-time.

Name	Type of course

Do any of the people in the list go to work?

No   
 Yes

Please give details below

### First person who works

Name

How many hours do they work each week?

Normally weekly earnings before deductions

£

Do they get any benefits?

No   
 Yes

Please give details below

Type of income	Amount
	£
	£
	£
	£

Do they have any other income at all?

No   
 Yes

Please give details below

Type of income	Amount
	£
	£
	£
	£

Do they have any savings or investments?

No   
 Yes

Please give details below.

Type of investment	Amount
	£
	£
	£
	£
	£

## Second person who works

Name

How many hours do they work each week?

Normally weekly earnings before deductions

£

Do they get any benefits?

No

Yes  Please give details below

Type of income	Amount
	£
	£
	£
	£

Do they have any other income at all?

No

Yes  Please give details below

Type of income	Amount
	£
	£
	£
	£

Do they have any savings or investments?

No

Yes  Please give details below.

Type of investment	Amount
	£
	£
	£
	£
	£

## Third person who works

Name

How many hours do they work each week?

Normally weekly earnings before deductions

£

Do they get any benefits?

No

Yes  Please give details below

Type of income	Amount
	£
	£
	£
	£

Do they have any other income at all?

No

Yes  Please give details below

Type of income	Amount
	£
	£
	£
	£

Do they have any savings or investments?

No

Yes  Please give details below.

Type of investment	Amount
	£
	£
	£
	£
	£

## Section 7 – Savings and investments

Do you or your partner have any bank, building society or National Savings accounts?

No

Yes  Please give details below

Tell us about all accounts, even empty or overdrawn ones. If you run out of space, please add details to a separate sheet of paper.

	You	Your partner
<b>Name of account</b>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Amount held	£ <input type="text"/>	£ <input type="text"/>
<b>Name of account</b>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Amount held	£ <input type="text"/>	£ <input type="text"/>
<b>Name of account</b>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Amount held	£ <input type="text"/>	£ <input type="text"/>

Do or your partner have any Premium Bonds or National Savings Certificates?

No

Yes  Please give details below

	You	Your partner
<b>Type</b>	<input type="text"/>	<input type="text"/>
Issue number	<input type="text"/>	<input type="text"/>
Value	£ <input type="text"/>	£ <input type="text"/>
<b>Type</b>	<input type="text"/>	<input type="text"/>
Issue number	<input type="text"/>	<input type="text"/>
Value	£ <input type="text"/>	£ <input type="text"/>

Do you or your partner have any stocks, shares, bonds or unit trusts?

No

Yes  Please give details below



**You**

**Your partner**

**Company name**

Name of investment

How many?

£

£

**Company name**

Name of investment

How many?

£

£

**Do you or your partner have any other capital, savings or investments?**

No

Yes  Please give details below

This includes, for example, TESSAs, ISAs, TOISAs, compensation or any other money you have not told us about on this form.

**You**

**Your partner**

Description

Current value

£

£

Description

Current value

£

£

**Do you, your partner, or any of your children, own or partly own any land or property, other than the home you live in, either in the UK or abroad?**

No

Yes  Please give the address(es) below

You need to tell us even if you have a mortgage or loan for the property.

Address(es) of your property

1.
Postcode
2.
Postcode
3.
Postcode

Address(es) of your partner's property

1.
Postcode
2.
Postcode
3.
Postcode

If your, or your partner's savings or investments have changed since you last gave us details, please tell us the date of the change.

Name	Date of change	Type of change

## Section 8 – About your home

Please tick one of the following:

- You pay rent to the Council
- You pay rent to a private landlord
- You pay rent to a Housing Association
- Other

How much is your rent?

How often do you pay for this?

What is the name and address of your landlord?

Postcode

Are you related to your landlord?

- Yes
- No

If yes, what is your relationship?

## Section 9 – Other changes

You need to tell us about anything you think might affect your benefit. This includes changes like:

- Your income, or the income of anyone who lives with you, goes up or down.
- Your income stops, or the income of anyone who lives with you stops, or if anyone starts to receive a new type of income, including a DWP benefit like Universal Credit or Employment and Support Allowance.
- You or anyone you live with starts or stops working.
- There are changes to your savings or investments, or those of anyone living with you.
- You move address or anyone moves in or out of your home.
- You or your partner give birth.
- You or your partner go away temporarily and how long you expect to be away. This could include things like going into hospital or visiting a friend or relative to care for them.
- An increase in your childminding costs.
- There is a change to your rent or any charges within your rent (unless you pay rent to the Council).

**If there have been any changes you have not already told us about, please give details below, including the date of change.**

## Declaration

**Please read this declaration before you sign and date it. Even if someone else has filled in this form for you, you must sign it.**

**I understand the following:**

- I declare that the information provided on this form is correct and complete
- I understand that if the information on this form is incorrect or uncomplete then legal action may be taken against me, including criminal prosecution
- I understand my personal information may be shared and checked with other organisations as allowed by the law
- I agree that I must inform the council immediately and in writing of any change in my circumstances which may affect this claim
- I understand that if I do not inform the council of any change in my circumstances as stated above then legal action may be taken against me including criminal prosecution.
- I understand that if I do not sign this declaration my review will not be processed, and my claim may be stopped.

**Signature**

**Date**

## **Data Protection Information**

Revenues and Benefits is a partnership of City of Lincoln Council and North Kesteven District Council. The Partners are what is known as 'Joint Controllers' of the information you provide and are each registered with the Information Commissioner's Office.

We are under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud.

It may share this information with other bodies responsible for auditing or administering public funds for these purposes as well as other organisations including private-sector companies if the law allows this.

For further information, see the more detailed data matching notice on authority's website [www.lincoln.gov.uk/dmnotice](http://www.lincoln.gov.uk/dmnotice)

The information in this form is personal and will be held by the authority. As a result, it is covered by the Data Protection Act 1984, amended by the Data Protection Act 1998, and will be managed in accordance with these Acts.

## **Evidence we can accept**

### **Evidence of identity**

- Birth certificate/marriage certificate
- Passport
- Driving licence
- Residency card
- Medical card

### **Evidence of National Insurance Number**

- National Insurance number card/letter
- Letter from DWP
- Payslip

### **Evidence of capital, savings, and investments – we need to see the last 3 months statements**

- Bank/building society
- Premium Bonds
- Investment certificates
- ISA
- Stocks/shares

### **Evidence of earnings**

- Payslips – last 5 weekly/2 monthly/3 fortnightly
- Self-employed accounts

### **Evidence of benefits, allowances, or pensions**

- Current award letter

### **Evidence of other income**

- Letter from pension provider

### **Evidence of rent and tenancy**

- Rent book
- Current tenancy agreement
- Letter from your landlord
- Letter from your landlord's agent

**These are examples, not a full list. Please provide proof of ALL the changes you have told us about on this form.**