

PRIME MINISTER

You asked about the attached letter in the Daily Mail about the community charge relief form. I am sorry it has taken a little while to track down the form since these are designed and issued by local authorities. The form in question is one from Hammersmith and Fulham, and it is a combined community charge and housing benefit form. The questions about where bedrooms are situated are relevant to housing benefit, to assess whether there is any entitlement to housing benefit and to enable the Rent Officer to assess whether the rent is reasonable and the accommodation is of suitable size.

All that said, if I were a claimant to community charge benefit, I would certainly be intimidated by a form like this. It is long, badly designed, and the notes are far from clear. You will also note the logo at the top left-hand side of page 1: it is a pity that the Trades Description Act doesn't apply to it, since it is the taxpayer, not the Council, who supplies these benefits.

Although local authorities are responsible for the design of their own forms, people seeing long and complicated ones like the attached are just as likely to blame Central Government. I do just wonder whether the Department of the Environment could enlist the help of the Central Forms Design Unit, and see if they can offer a better "model" form which they could issue as guidance to local authorities. Would you like me to pursue this?

DM

2 April 1990

jd c:form

Yes please

nt

5TT

Far too taxing for OAPs

THE application forms to claim poll tax relief for small income earners are quite absurd and are obviously destined to make the aged panic and cause them considerable distress.

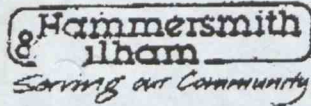
Photostats or originals are required of everything. Who, even in the best regulated households, has this documentary evidence at their fingertips?

Absurd and irrelevant questions proliferate, ie 'where is your bedroom situated in your accommodation, front, centre, rear?' and 'is your bedroom on the left hand side or right hand side of your accommodation?'

Like many others in similar straits, my elderly in-laws have never had to ask for Government help before in their lives. It is their pride which has been shattered.

Is this what the Community Charge was supposed to do — make the old age pensioners subservient to the State and cause them untold aggravation, distress and hardship?

**ROBERT BRECKMAN,
London.**



APPLICATION FOR HOUSING BENEFIT AND/OR COMMUNITY CHARGE "Poll Tax" BENEFIT.

- Use this form to apply for Housing Benefit and/or Community Charge Benefit.
- All applicants complete section A and section C
- If you pay rent complete the **whole** form.
- If you or your partner are a student please read the guidance notes before completing this form.

Please read the notes inside before you fill in the form

Community Charge "Poll Tax" Benefit Section,
London Borough of Hammersmith & Fulham,
5th Floor,
Banda House,
Cambridge Grove,
London W6 0LE

● Most questions ask you to tick Yes or No at the start. Please make sure that you do this.

FOR OFFICE USE ONLY	
Claimant C.C. ref:	HBIS ref:
	Claim date:
Partner C.C. ref:	Date form received:

SECTION A [TO BE COMPLETED BY ALL APPLICANTS]

1 Where you live . . .

What type of accommodation do you live in (Please tick relevant box)

Private rented Owner occupied Council

Temporary accommodation, e.g. Hotel, Hostel. Please state what type

Council Emergency Housing. If Yes, have you been placed by this Council's Emergency Housing Unit? Yes No

Any other type of accommodation. Please state what type

2 About yourself...

Title	Surname	First names	Date of birth
National Insurance number [if known] <input type="text"/>			
Address including room or flat number <input type="text"/>			
Phone number (if any) Home:		Work (if any):	
If you are away from this address at the moment e.g. you are in hospital or prison etc. please give your current address: <input type="text"/>			
Do you have any other home, which you own, are buying or are paying rent for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give address: <input type="text"/>			
Are you disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, please say what your disability is. <input type="text"/>	
Do you have an invalid car/trike? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you registered blind? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you getting Attendance Allowance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, does anyone get Invalid Care Allowance for looking after you? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you unable to work because of an illness or disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please say when you became unable to work. Date: <input type="text"/> If yes, see Guidance Notes			

SECTION A [to be completed by all applicants]

3 Do you have a partner? By partner we mean a husband or wife or someone you live with as if you were married to them. If you don't have a partner, please go to Q4. Yes No

Partner's title	Surname	First names	Date of birth
National Insurance No. (if known) _____			
If your partner is away from this address at the moment e.g. in hospital, please give current address: _____			
Is s/he disabled? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, say what the disability is _____			
Does he/she have an invalid car/trike? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is he/she registered blind? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is he/she getting Attendance Allowance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, does anyone get invalid Care Allowance for looking after him/her? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is s/he unable to work because of an illness or disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please say when s/he became unable to work. Date: _____ If yes, see Guidance Notes			

4 Are you a student? Yes No **Is your partner a student?** Yes No

If No go to Q5. If Yes, please see the guidance notes before providing the following details.

YOU	YOUR PARTNER
Grant £ _____	Grant £ _____
Covenant/ Parental contribution £ _____	Covenant/ Parental contribution £ _____

N.B. Please enclose proof of any grant award/covenant and term dates.

5 Do you or your partner get Child Benefit for anyone who lives with you? Yes No If No, please go to Q6.

If Yes, please put down everyone you or your partner get Child Benefit for here:

Surname	First names	Date of birth	Is she/he registered as blind?	Does she/he get Attendance Allowance?	Does she/he get Mobility Allowance?	Amount of savings or investments in £'s	Does she/he have any other income?

Do you get any money from the Council or a voluntary agency to help pay for looking after any of these children? Yes No

SECTION A [to be completed by all applicants]

6 Does anyone else live with you? Yes No If No, please go to Q7.

If yes, Are any of them students or on a YTS scheme? Yes No
 If yes, please put them down first here:

Surname	First names	Date of birth	Relationship to you	Date student's summer term ends	Date YTS course ends

Please put down anyone else who lives with you below, including lodgers, sub-tenants, working children and other relatives

Surname	First names	Date of birth	Relationship to you	Does s/he get Income Support?	Does s/he get attendance allowance?	Does s/he get unemployment benefit?	Does s/he work?	If working how many hours does s/he work?	If working how much is his/her gross pay?

7 Does anyone you put down in Q6 pay you rent to live in part of your home? Yes No If No, please go to Q8

If Yes, please put them down here and answer the questions in each column.

Surname	First names	How much do they pay you?	Do you provide meals? Please tick				Do you provide heating?	
			No	Breakfast	Lunch	Dinner	Yes	No

8 Do you work? Yes No

If No, please go to Q9

If Yes, what is your job?

Is this your only job? Yes No

Please give your Employer's name and address or say if self-employed.

How many hours do you work each week?

What is your pay number?

What is your gross pay before tax and deductions? Include any weekly/monthly bonus, commission or tips £

How often are you paid?

Please enclose the last 5 wage slips (last 2 if monthly paid) for each job you have.

If you do not have your wage slips available now send them to us later. Don't delay returning this form.

Do you get any bonus, commission or tips not included in your gross pay above? Yes No If Yes, how much? £

How often is this paid?

Do you pay towards a personal pension? (This is usually deducted from your gross pay.) Yes No

Are you getting: Statutory Sick Pay? Yes No If Yes when did this start _____
 or Statutory Maternity pay? Yes No and when will it finish _____ (if known)

SECTION A [to be completed by all applicants]

9 Does your partner work? Yes No No, I don't have a partner

If No, please go to Q10

If Yes, what is his/her job?

Is this your partner's only job? Yes No

Please give your partner's employers name and address or say if self-employed.

How many hours does your partner work each week?

What is his/her pay number?

What is his/her pay **before** tax and deductions? Include any weekly/monthly bonus, commission or tips £

How often is he/she paid?

Please enclose the last 5 wage-slips (last 2 if paid monthly) for each job she/he has. If you do not have your wage slips available now send them to us later. Don't delay returning this form.

Does your partner get any bonus, commission or tips not included in his/her gross pay above? Yes No If Yes, how much? £

How often is this paid?

Does your partner pay towards a personal pension? (This is usually deducted from their gross pay.) Yes No

Does your partner get: Statutory Sick Pay? Yes No If Yes when did this start _____
or Statutory Maternity Pay? Yes No and when will it finish _____ (if known)

Pensions, Allowances and Benefits

We have only listed the more common types of pension, allowance and benefit. If you or your partner get a type that is not listed please put down what it is and say how much you get. There is a space for you to do this at the end of each question.

10 Do you or your partner get any Pensions? Yes No

If No, please go to Q11

If Yes, please fill in the weekly amount in the box next to the one(s) you or your partner get. If the amount you put down is not the weekly amount please say how often it is paid.

Please enter the figures on the right	£ YOU	£ PARTNER
	State Retirement Pension or Widow's Pension?	
Pension from former job (or your late partner's)? Please give former employer's name and address below:- You Partner		
War or War Widow's Pension?		
Any other pensions? ● Please say what this pension is		

Please enclose proof of all pensions you or your partner get. We accept photocopied documents. If you do not have proof of your Pensions available send it to us later, don't delay returning this form.

SECTION A [to be completed by all applicants]

11 Do you or your partner get any Allowances or Benefits? Yes No

If **No**, please go to Q12

If **Yes**, please fill in the weekly amount in the box next to the one(s) you get.
If the amount you put down is **not** the weekly amount please say how often it is paid.

	£ YOU	£ PARTNER
Income Support?		
Child Benefit?		
One Parent Benefit?		
Family Credit?		
Unemployment Benefit?		
Sickness Benefit?		
Invalidity Benefit or Pension?		
Industrial Disablement Benefit?		
Maternity Allowance?		
Attendance Allowance?		
Mobility Allowance?		
Invalid Care Allowance?		
Guardian's Allowance?		
Adoption/Custody Allowance? Name of child/ren this is for		
Enterprise Allowance?		
MSC/YTS or similar Allowance? Please say what If on a YTS course when does it end? You Partner		
Other allowances? Please say what		

Please enclose proof of all allowances or benefits you or your partner get. We accept photocopied documents.
If you do not have the proof available now send it to us later. Don't delay returning this form.

Other income

12 Do you or your partner have any other income? Yes No

If **No**, please go to Q13

If **Yes**, please fill in the weekly amount in the box next to the one(s) you or your partner get.
If the amount you put down is **not** the weekly amount please say how often it is paid.

	£ YOU	£ PARTNER
Maintenance from your ex-husband/wife/partner		
Rent from other properties		
Territorial Army Earnings		
Charitable/Voluntary Payment		
Any other income (please give details)		

Please enclose proof of all income you or your partner get. We accept photocopied documents.
If you do not have the proof available now send it to us later. Don't delay returning this form.

SECTION A [to be completed by all applicants]

Savings

We have only listed the more common types of savings and other income. If you or your partner have a type of savings or income that is not listed please put down what it is and how much you get. There is space for you to do this at the end of each question.

13 Do you or your partner have any savings? Yes No

By this we mean any money in the bank or building society or any other type of savings or investments e.g. stocks and shares, premium bonds, annuities etc.

If No, please go to Q14

If Yes, please put down the amount of money (capital) in each under the columns headed capital below. If you know the amount of interest please put this down under the column headed interest, but don't delay sending in the form if you haven't got this.

	YOU		PARTNER	
	£ capital	£ interest	£ capital	£ interest
Post Office Ordinary Account				
Post Office Investment Account				
Bank current account				
Bank deposit account				
Building Society (please say which Society and what type of account)				
Other savings or investments? e.g. stocks and shares, premium bonds, National Savings Certificates or annuities				
Please say what and how much				

Please enclose proof of all savings you or your partner have. We accept photocopied documents. If you don't have the proof available now send it to us later. Don't delay returning this form.

Money you or your Partner pay out

14 Do you or your partner pay maintenance for a child and/or a former partner? Yes No If No, please go to Q15

If Yes, how much do you pay? £..... every.....

15 Do you or your Partner pay towards a son or daughter going to university or college? Yes No

If Yes, please send details of the course, term dates, how much help you give and a copy of any grant assessment. Does your son or daughter live with you during the summer holiday? Yes No

IF YOU DO NOT PAY RENT NOW GO TO SECTION C. IF YOU WISH TO CLAIM HOUSING BENEFIT i.e. HELP WITH YOUR RENT COMPLETE SECTION B.

SECTION B [only to be completed if you pay rent]

16 Have you been placed in emergency housing by a Housing Department? Yes No If No, please go to Q17

If Yes, what is the name of the Borough whose Housing Department placed you?

17 Are you a Council Tenant? Yes No If No, please go to Q18

If Yes, go to Section C

18 On what date did your tenancy/license agreement start?

19 What is your Landlord/Agent's name and address?

Are you related to your landlord? Yes No If Yes, what relation are you?

20 What kind of accommodation do you live in? Please tick one box

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> detached house | <input type="checkbox"/> semi-detached house | <input type="checkbox"/> terraced house | <input type="checkbox"/> hostel |
| <input type="checkbox"/> detached bungalow | <input type="checkbox"/> semi-detached bungalow | <input type="checkbox"/> terraced bungalow | <input type="checkbox"/> maisonette |
| <input type="checkbox"/> flat in block | <input type="checkbox"/> flat over shop(s) | <input type="checkbox"/> flat in house | <input type="checkbox"/> room or rooms |

Any other type of accommodation? (please say what)

How many bedrooms in the whole house?

How many floors are in the whole house? Which floor do you live on? e.g. basement, ground, 1st etc.

If you live on part of a floor or floors e.g. basement rear etc. please say which part you occupy.

How many rooms are there in your accommodation? How many bedrooms are there in your accommodation?

Do you have to share your bedroom with another tenant? Yes No

Where is your bedroom situated in your accommodation? e.g. front, centre, rear.

Is your bedroom on the lefthand-side or righthand-side of your accommodation?

Do you have a bathroom? Yes No If yes Do you have to share your bathroom with anyone other than your family? Yes No

Do you have a toilet? Yes No If yes Do you have to share your toilet with anyone other than your family? Yes No

Do you have a kitchen? Yes No If yes Do you have to share your kitchen with anyone other than your family? Yes No

Do you have a living room? Yes No If yes Do you have to share your living room with anyone other than your family? Yes No

Please describe what furniture the landlord provided when you moved in:

Who is responsible for decorating the inside of your home? I am My landlord is I don't know

SECTION B [only to be completed if you pay rent]

21 What rent do you pay and what services are included?

How much is the total rent? £ _____ How often is this paid? (e.g. weekly/4 weekly/calendar monthly) _____ On what day of the week do you pay your rent? _____

If you share the rent with other people, how much is your share? £ _____ How many of you share altogether? _____

Has your rent been registered as a fair rent by the Rent Officer? Yes No

Do you have any free weeks when you do not pay rent? Yes No
If yes, how many free weeks per year do you have? _____

Do you pay your General Rates direct to the council? Yes No

Do you pay your water rates direct to Thames Water? Yes No

Does your rent include anything towards any of the following services? (If you have to pay for the services either by bill, or meter or if you make a separate payment to your landlord, the answer should be No). Put down the amounts if you know them.

	Yes	How much?	No	Don't Know		Yes	How much?	No	Don't Know
Heating?	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	Gas or Electric for cooking?	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does your landlord provide central heating?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Laundry?	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>
Lighting?	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	Garage or Parking Space?	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>
Hot water?	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>					
Meals?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					

If Yes, can you choose whether to have it? Yes No

If Yes, please tell us about your meal arrangements below. Please tick one box for each member of your family.

I get full board (at least 3 meals a day) breakfast only other meal arrangement

My partner gets full board breakfast only other meal arrangement

My children get full board breakfast only other meal arrangement

If your landlord includes any services in your rent other than those listed above please give details.

Please enclose proof of the rent and service charges you pay.

It is very important that you complete this section before sending back the form. Without this information we cannot work out your Housing Benefit and your money will be delayed.

22 Please tell us how you would like your Housing Benefit paid.

Please tick the way you would like to be paid.

By Giro Please give the name and address of the Post Office where you will cash your Giro _____

or

By voucher Please tick whether you would like to cash this at Hammersmith Town Hall or Fulham Town Hall

or

Into your Bank Please give the name current account and address of your bank _____

Please note we cannot pay benefit into building society or bank deposit accounts

Please give the branch code No. (top right of your cheque) _____ Your account Number _____

SECTION C (to be completed by all applicants)

23 Have you or your partner claimed Housing Benefit/Community Charge Benefit from Hammersmith & Fulham before? Yes No

If No, please go to the Declaration

If Yes, please say which one of you claimed and for what address: Please state date of claim if known

Declaration Please read the notes on the separate sheet inside this form

- I/We declare that the information given on this form is true and complete as far as I/We know.
- I/We consent to the Council making any enquiries that it considers necessary.
- I/We understand that I/We must tell the Council at once about any change in My/Our circumstances.
- I/We understand that anyone who dishonestly obtains Community Charge Benefit/Housing Benefit may be prosecuted and that any money that has been overpaid will be reclaimed.

Claimant's Signature

Date.....

Partner's Signature

Date.....

N.B. If you have a partner it is essential that both of you sign this application form

What will happen now?

YOUR COMMUNITY CHARGE BENEFIT APPLICATION

- We will register your application for **Community Charge Benefit**. Remember, you will not have to pay the Community Charge until April 1990 so do not worry if you do not hear from us until then. If you have any change in your circumstances after you apply for benefit and before April 1990 please complete the enclosed change of circumstances form. Please enclose proof of any change that takes place, i.e. wage slips.

YOUR HOUSING BENEFIT APPLICATION

- If you have applied for **Housing Benefit** we will assess your claim as soon as possible and let you know how much benefit you will receive.

NOTES

COMMUNITY CHARGE "POLL TAX" BENEFIT/HOUSING BENEFIT

CHANGE OF CIRCUMSTANCES

KEEP THIS FORM IN A SAFE PLACE UNTIL YOU NEED TO USE IT

WHAT CHANGES YOU SHOULD TELL US ABOUT

INCOME

- Any change in your income.*
- Any change in your savings.
- If you start or stop getting Income Support.
- If you start or stop getting any other benefits e.g. Unemployment, Invalidity Benefit, Family Credit etc.

* You must provide proof of these changes e.g. payslips.

HOUSEHOLD DETAILS

- If someone comes to live with you.
- If someone living with you moves out.

ACCOMMODATION

- You move to a new address.
- If your rent changes [if applicable]

PERSONAL DETAILS

- If a child leaves school, or the date child benefit payments stop.
- If you have another child.

PLEASE WRITE YOUR NAME AND ADDRESS HERE

Name

Address

Your Community Charge ref no. Your Housing Benefit ref no.

Your Partner's Community Charge ref no.

IF YOU REQUIRE ANY HELP PLEASE CONTACT THE COMMUNITY CHARGE BENEFIT/HOUSING BENEFIT SECTION.
IF YOU ARE IN ANY DOUBT COMPLETE THE FORM AND RETURN IT AS SOON AS POSSIBLE.

THE CHANGE – Please give details of the change

Date of Change

Details

If you need more space, please write on the back of this letter.

Declaration

- I declare that the information given on this form is true and complete as far as I know.
- I consent to the Council making any enquiries that it considers necessary.
- I understand that anyone who dishonestly obtains community charge benefit/housing benefit may be prosecuted and that any money that has been overpaid will be reclaimed.

Signature _____

Date _____

If you live in Council accommodation return this change of circumstances form to your AREA OFFICE. All other people return this form to the following address:
Community Charge Benefit/Housing Benefits
The Housing Centre
77 Glenhome Road
Hammermith W6 0BR.

Please remember to enclose proof of any change to income
Don't forget to sign the form

**Hammersmith
& Fulham**

Serving our Community



PLEASE KEEP THIS SHEET

WHY YOU NEED TO FILL IN THIS FORM

From April 1990 everybody over 18 will be responsible for paying the Community Charge "Poll Tax". If you want to apply for **Community Charge Benefit** i.e. help towards payment of your Community Charge please complete this form and return it to us as soon as possible. If you are also currently paying rent and/or rates you should also complete this form to apply for **Housing Benefit**.

SINGLE STUDENTS: Single students only have to pay 20% of their Community Charge and **cannot** claim Community Charge Benefit. If you want help with your housing costs you should claim Housing Benefit on the purple student application form.

STUDENT COUPLES: If you and your partner are **BOTH** students you cannot claim Community Charge Benefit. If you want help with your housing costs you can claim Housing Benefit on the purple student application form.

If your partner is a student complete this form because we need to know details of your joint income and also the student's term dates.

These notes give more details about some of the questions on the form and about the proof we need to see.

Q2, Q3. These ask for information about you and your partner (if applicable). If you or your partner have indicated you are unable to work because of illness/disability you should obtain a letter from your doctor confirming this and contact your local D.S.S. office as you may get extra state benefits. You should also send a copy of your doctor's letter to us as you may get more benefit from us.

Q4. Please indicate if you are, or your partner is, a student. If one of you is a student please provide full details of income and term dates.

Q5, Q6, Q7. These ask about people living with you. We need to know this as it may affect the amount of benefit you get. If you have a child who only stays with you some of the time please let us know. This could be a child who stays with you for weekends.

Registering as disabled

If you contact Social Services at the address below, or at your Area Office, you may be able to register as disabled and get a range of benefits including free travel and special equipment.

Department of Social Services,
145 King Street, London W6.

Proof of income

- We need to see *proof of all income and savings* that you or your partner have.

Here are some points about some of the common examples of proof:-

- *Payslips.* We need to see payslips if you or your partner work. If you don't have the payslips we need we will send a form to your employer to confirm your wages.
- *Pension and allowance order books.* Don't send in order books if you can avoid it.
If possible send us a *photocopy* of the *front cover* and the *first page* which shows how much you get.
If you do have to send in your book we will return it to you the same day.
- *Giros.* *Never send these in.* Please send a photocopy or bring it in to show us.
- *Savings Book.* If you or your partner have money in the Post Office or a Building Society or Bank we must see proof of the balance. A photocopy of the front cover and the last entry will do.
- Please send in your form as soon as possible even if you do not have all the proof available.
But you must send the proof to us within 6 weeks, otherwise you will have to make another application for benefit.

Changes to income, people in your household.

You must let us know **In writing immediately** if:

- You or anyone in your household leaves/comes to live with you
 - You or anyone in your household has a change to their income
 - Any of your children leave school
- Any money that has been overpaid will be reclaimed.

DECLARATION

The declaration must be read and **SIGNED BY BOTH YOU AND YOUR PARTNER** (if you have one).

