



**Epping Forest  
District Council**

PO Box 5455  
Benefits Division  
Epping  
CM16 4DS

Phone: 01992 564000

**Office hours**

09.00 - 17.00 Monday to Thursday  
09.00 - 16.45 Friday

Name	.....
Address	..... ..... .....
Postcode	.....

APPLICATION FORM FOR  
**COUNCIL TAX BENEFIT  
SECOND ADULT REBATE**

**ABOUT THIS FORM**

- ⑥ Please complete the form in ink. **Do not use pencil.**
- ⑥ Second Adult Rebate is for help towards your Council Tax bill where you have other adults living with you who are on a low income. You cannot claim if you have a partner living with you unless they are disregarded for Council Tax discount purposes.
- ⑥ **Please answer all questions: tick yes/no boxes.**  
Failure to fully complete the form will delay your claim.
- ⑥ If you qualify for Second Adult Rebate, your Council Tax bill will be reduced by that amount.
- ⑥ You must provide proof of all income and interest from savings of the second adult(s). It is not necessary for you to provide evidence of your own income and savings if you are applying for Second Adult Rebate only. Either you can post it to the address given above or you can bring it into the office.
- ⑥ **Original documents must be provided. Photocopies will not be acceptable.**
- ⑥ If you need any help or advice on the completion of this form, please call into the Civic Offices, High Street, Epping or telephone the Benefits Division on the number given above.
- ⑥ **Do not delay returning this form.** If you do not have the information or proof asked for, send the form in straight away with a note saying what is missing and when it will be ready. The date that the form is received in the Benefits Division will determine the date from which benefit is payable.
- ⑥ You must tell the Council at once if any other people move into your property.
- ⑥ Your Council Tax Benefit entitlement will need to be reviewed at regular intervals. Before your claim is due to be reviewed, you will be sent another application form to enable you to renew your claim. If you do not renew your claim your benefit will stop.
- ⑥ During the benefit period, you may have a Benefit Officer visit you at your home.

# A. About yourself

		For office use only
1. Title (Mr, Mrs, Miss, Ms)	<input type="text"/>	
2. First names	<input type="text"/>	
3. Surname	<input type="text"/>	
4. Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	
5. Phone Number	<input type="text"/>	
6. Do you have a partner	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'yes', please give their full name	<input type="text"/>	
7. Are either you or your partner disregarded for discount purposes for Council Tax e.g. Student, severely	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details	<input type="text"/>	
8. Does anybody pay you rent to live in your home on a commercial basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details	<input type="text"/>	
9. Are you a joint tenant of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details	<input type="text"/>	
10. Are you a joint owner of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details	<input type="text"/>	

## B. Who else lives in the property?

Please give details of any adults, other than yourself, who live in your home. Any additional information should be included on a separate sheet. **Do not** include children who you receive Child Benefit for.

	1st person	2nd person	3rd person	For office use only
1. First names	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3. Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4. Date of Birth	<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"/>	
5. Do they get Income Support or Jobseekers Allowance (income based)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'yes', please give us their National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6. Do they get Jobseekers Allowance (contribution based)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. What other state benefits do they receive?	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8. Do they work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, how many hours do they work each week?	<input type="text"/>	<input type="text"/>	<input type="text"/>	
What are their gross weekly earnings?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	
9. How much interest do they get from savings	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	
10. Are they a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Are they on a youth training scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Are they severely mentally impaired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Are they in hospital or legal custody	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'yes', from what date?	<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"/>	
14. Please give details of any other income	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Please send in proof of all income and interest from savings for the people shown above.  
If any are working, please send in their payslips for the last 5 weeks or 2 months.

## C. Additional information

Please use this space to tell us about anything else you think is relevant in support of your benefit application. Continue on a separate sheet if necessary.

## D. Declaration

Please read this declaration carefully.

- ⑥ This is my claim for Second Adult Rebate.
- ⑥ I declare that the information I have given on this form is correct and complete to be best of my knowledge.
- ⑥ I authorise the Council to make any necessary enquiries to verify the information on this form.
- ⑥ I authorise the Council to cross check the information I have given with other sections within the Council, Rent Officers, other Councils and Benefit Authorities.
- ⑥ I understand that if I give information that is incorrect or incomplete or fail to report any changes which might affect my benefit I may be prosecuted.

Signature of Claimant

Date

## E. Declaration supplement

This section must be completed if the claim form has been filled in by someone on your behalf. This includes an agent, appointee, relatives or friends.

- ⑥ This form has been completed for me at my request. I have read the form and agree that all entries are as stated by me.

Signature of claimant

Name and address of person completing the form

Relationship to you

Signature of the person completing the form

Date

**Remember failure to provide any of the evidence requested on this form will result in the Council being unable to pay you any benefit.**