



INCOME OF YOUR NON-DEPENDANT AND THEIR PARTNER

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| Claimant's Name | |
| Address | |

Please complete the following questions about your non-dependant and their partner, if applicable (Where Yes / No answers provided please delete as appropriate)

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|--|--------------------------|
| What is the name of your non-dependant? | |
| What is their National Insurance Number? | |
| What is the name of their partner? (Only complete if their partner lives at your address) | |
| Date of Birth | Non-dependant Partner |

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|---|---------|
| Is your non-dependant or their partner in receipt of Income Support or Job Seekers Allowance? | Yes/ No |
| What amount do they receive weekly? | £ |

| | |
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| Is your non-dependant a full time Student? | Yes / No |
| Is their partner a full time Student? | Yes / No |

If yes to either or both the above, please supply evidence of their student status.

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| Is your non-dependant and/or their partner working? | Yes / No |
| Gross average weekly earnings | Non-dependant Partner |
| Number of hours worked each week | Non-dependant Partner |

Please supply 5 weekly or 2 monthly wage slips

| | |
|--|---------------|
| Does your non-dependant and/or their partner have any savings? | Yes / No |
| Amount of savings held | Non-dependant |
| | Partner |
| Interest from savings per annum | Non-dependant |
| | Partner |

Please list below all other income that your non-dependant and their partner receive including youth training allowance (If applicable)

| Type of Income | Amount | Please state how often it is paid. |
|----------------|--------|------------------------------------|
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| Is your non-dependant currently in hospital? | Yes/ No From which date? |
| Is your non-dependant currently in prison? | Yes / No From which date? |

Please invite your non-dependant and their partner to sign below

I declare that to the best of my knowledge, the information given about me on this form is currently true and accurate.

I will notify the claimant immediately if any of the information given on this form changes.

| | |
|----------------------------|--|
| Signature of non-dependant | |
| Signature of partner | |

SIGNATURE OF CLAIMANT

I declare that to the best of my knowledge, the information given on this form is currently true and accurate.

I will notify Epping Forest District Council in writing, immediately if any of the information given on this form changes.

| | |
|-----------------------|--|
| Signature of claimant | |
| Date of signature | |

Please return this form to Epping Forest District Council, PO Box 5455, Benefits Division, Epping, Essex CM16 4DS