

## Application form for Housing Benefit (including Local Housing Allowance) and/or Council Tax Support (including Second Adult Discount)

If you are on a low income, you could get Housing Benefit to help with your rent. You may also get Council Tax Support to help pay your Council Tax. The benefits you can apply for are:

- Housing Benefit for those that rent from a council or registered social landlord such as a housing association
- Local Housing Allowance for those that rent from a private landlord
- 'Second Adult Discount' is based on the income of other people living with you
- Council Tax Support for those who have to pay Council Tax

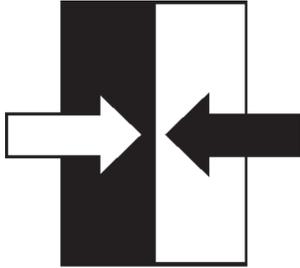
If you have difficulty making a claim because you are elderly or disabled, we may be able to visit you at home. Please contact us for help.

**Return this form to us straight away or you may lose benefit.** Do not delay returning the form because you are waiting for evidence of earnings or rent. You can send evidence later, but **make sure we receive it within one month** or we may not be able to pay you benefit. Make sure your name and address are on anything you send us later.

You do **not** need to complete this form if you already have a current claim. If you are reporting a change in your circumstances please complete a change of circumstances form instead.



**Please do not send valuable documents by post.  
Area Housing Offices can photocopy documents for you.**



**TRANSLATION  
AVAILABLE**

## Look out for the new **TRANSLATIONS SYMBOL**

If you see a council publication with the above symbol you can have that publication explained to you in your own language, either over the phone at any Islington housing department office or, in some instances, a translation in your language can be sent to you.

Eğer İslington Belediyesinin bastırduğu broşür, duyuru ve yayınlarda bu işaret ya da sembol varsa, konut müdürlüklerimizizin ilgili personeli bu yayınları size telefonda kendi dilinizde anlatabilir, çevrilmiş olan bazı yayınların Türkçesi ise isterseniz adresinize gönderilebilir.  
Bu hizmet İslington Konut Müdürlüklerinin hizmetlerinden yararlanan herkese sunulmaktadır.

**TURKISH**

Haddii aad aragto xayasiinta golaha oo calaamaddanu sita waxaad heli kartaa in xayasiintaas luqaddaada telefoon laguugu sharraxo meel kasta oo uu ku yaal xafiiska laanta guriyeynta ee Islington ama, marar qaarkood, tarjumaad luqaddaada ah ayaa laguugu soo diri doonaa.  
Adeegyadan waxaa loo bandhigaa qof kasta oo isticmaalaya adeegyada laanta guriyeynta ee Islington.

**SOMALI**

আপনি যদি কাউন্সিলের কোনো প্রকাশনায় ওপরের চিহ্নটি দেখতে পান তবে আপনি আপনার নিজের ভাষায় সেই প্রকাশনাটির ব্যাখ্যা পেতে পারেন যে কোনো ইঞ্জলিংটন হাউসিং ডিপার্টমেন্ট অফিস থেকে দূরভাষের মাধ্যমে, অথবা কোনো কোনো ক্ষেত্রে আপনার ভাষায় সেটি আপনাকে অনুবাদ করেও পাঠানো যেতে পারে।  
ইঞ্জলিংটনের হাউসিং ডিপার্টমেন্ট এর পরিসেবা ব্যবহার করছেন এমন যে কেউই এই পরিসেবাটি পেতে পারেন।

**BENGALI**

Si vous apercevez ce symbole sur une brochure du *Council* cela signifie que vous pouvez vous faire expliquer le contenu de cette brochure dans votre propre langue soit au téléphone à n'importe lequel des centres d'aide au logement d'Islington, ou, si possible, nous pouvons vous envoyer cette brochure traduite dans votre langue.  
Ce service est proposé à toute personne ayant recours aux services des centres d'aide au logement d'Islington.

**FRENCH**

Εάν δείτε ένα φυλλάδιο με αυτό το σύμβολο, μπορούν να σας δοθούν εξηγήσεις σχετικά με αυτό το φυλλάδιο στη δική σας γλώσσα στο τηλέφωνο ή σε οποιοδήποτε γραφείο του τμήματος στέγασης του Islington ή, σε ορισμένες περιπτώσεις, μπορεί να σας σταλεί μετάφραση του φυλλαδίου.  
Αυτή η υπηρεσία προσφέρεται σε όλους όσους χρησιμοποιούν τις υπηρεσίες του τμήματος στέγασης του Islington

**GREEK**

Nëse shikoni një botim të Këshillit me simbolin e mësipërm, mund t'jua shpjegojmë atë në gjuhën tuaj amëtare nëpërmjet telefonit në çdo Zyrë të Departamentit të Strehimit të Islingtonit ose, në disa raste, mund t'ju dërgohet një përkthim në gjuhën tuaj amëtare.  
Ky shërbim i ofrohet çdo personi që gëzon shërbimin e Departamentit të Strehimit të Islingtonit.

**ALBANIAN**

Si encuentra un folleto del *Council* con el símbolo que aparece arriba, podrá obtener la explicación de dicha documentación en su propio idioma bien por teléfono en cualquier oficina del departamento de ayuda a la vivienda de Islington o, en algunos casos, le podrá ser enviada una traducción en su lengua.  
Este servicio se encuentra disponible para cualquier persona que requiera los servicios del departamento de ayuda a la vivienda de Islington

**SPANISH**

如果您见到注有以上标记的市政议会的出版物，  
就可以通过电话向任何伊斯灵顿住房安置办公室来请求将该出版物以您自己的母语进行解释，  
或者在某些情况下，可以请求将该出版物的翻译件寄给您。  
任何使用伊斯灵顿住房安置部门服务的人员都可获得此项服务。

**CHINESE**



**Even if someone else has filled in this form for you, you must sign this declaration. If you have a partner, they must sign this declaration as well. Please read this declaration carefully before you sign and date it.**

**I declare and agree with the following.**

- I declare the information I give on this form is correct and complete.
- If I give information that is incorrect or incomplete, you may take action against me. This may also include prosecuting me or charging fines.
- If I am not fully entitled to any benefits declared and this results in you overpaying me benefit, you may take action against me. This may also include prosecuting me or charging fines.
- You will use the information I have provided to process my claim for Housing Benefit, Council Tax Support. You may check the information I have provided with other sources within the council, other councils and government agencies. This will include comparing the information I have given to other departments within the council, other councils and government agencies.
- I understand that this form will be held on computer and used to work out my Housing Benefit, Council Tax Support.
- You may use any information I have provided in connection with this and any other claim for social security benefits, a discretionary housing payment or supported accommodation costs that I have made or may make. You may give information to other government organisations if the law allows this.
- I understand that you may contact the Home Office to check information I have given in this form and to get any other relevant information.
- I know I must let the benefits service know about any changes in my circumstances immediately which might affect my claim, even if I have already told the DWP or any other organisation. I understand that if I do not do this you may take action against me. This may include prosecuting me or charging fines.
- I understand that you may contact me in writing, by phone, by email or by visiting me at home, for more information so you can confirm I am still entitled to benefit.
- I also understand that if you cannot contact me, you may have to suspend or end my claim.
- Where Council Tax Liability ends and there is a credit, the Council may use this credit to reduce any other sum that is owed to the Council.

1.1 **Your signature**

**Date**

 /  / 

**Your partner's signature**

**Date**

 /  /

**1.2** If someone else has completed this form for you, please ask them to state their full name, their relationship to you and sign below to confirm this

**Your signature**

**Date**

/ /

**1.3** I give the person named above permission to act as my representative and to be given information about my claim

**Your signature**

**Date**

/ /

**1.4** I give consent for any information regarding my Housing Benefit/Council Tax Support claim to be provided to the Council Tax department

**No**  **Yes**

**1.5** I give consent for any information regarding my Housing Benefit/Council Tax Support claim to be provided to the Housing department (Council tenants only)

**No**  **Yes**

## Evidence you need to send in

You must provide all the evidence we need or we might not be able to award you benefit or support. We need the same proof for your partner, if you have one, and for any other adults living in your home.

If you don't have all the evidence we've asked for, send in your form **immediately**, delays may result in you losing benefit or support. Please tell us what evidence is missing and why you cannot yet provide it.

You must send in any missing evidence within one month of returning your form, stating your name and address on anything you send us later.

## National Insurance number and identity - Original Documents only

We need evidence of your identity (ID) and National Insurance number. If you have a partner, we also need proof of their National Insurance number and identity.

Please provide one of the documents from each box listed below for you and your partner if you have one. Remember this must be an original document not a copy.

### Documents with a National Insurance number

- Latest P45
- Latest P60 - within the last two years
- Official wage slips - within the last three months, not handwritten
- Letter from the tax office - dated within the last 12 months
- National Insurance number card
- Current benefit notification letter from the Department for Work and Pensions (DWP) dated within the last 12 months
- Bank or building society statement showing welfare benefit paid into an account, but this must quote your National Insurance number

If you **don't** have any of the above documents to prove your National Insurance number, please provide one of the following documents as proof of your identity. Remember they must be originals and you should do the same for your partner if you have one.

### Proof of identity

- Current passport
- Current EC residence permit
- Current Aliens Registration Certificate
- Current Immigration and Nationality Directorate Travel Document
- Full UK driving licence
- Certificate of employment in HM Forces and Merchant Navy
- Immigration and Nationality Directorate Standard Acknowledgement Letter (SAL)
- Credit, debit, cheque cards
- Birth or adoption certificate (original or official copy of original)
- Marriage certificate
- Divorce, annulment or separation documents
- Bank or building society statement or passbook updated within the last year
- Letter from a solicitor, social worker or a probation officer
- Life assurance or life insurance policy
- Medical card

**If any of the documents you supply for identity has your name and your partner's name, we will accept the document as identity for both of you.**

## Rent

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If you are a council tenant, you do not need to provide proof of rent. However, if you are a tenant of the council's co-operative scheme, provide your tenancy agreement. For all other tenants you must provide one of the following.

- An original tenancy or licence agreement. It must not be a copy
- A letter from your landlord
- A 'proof of rent' form for your landlord to fill in (we will provide one if you ask).

If you provide a letter, it **must** contain all of the following.

- Your name and the address of where you are renting
- The name and business address of the owner of the property
- The name and business address of the managing agent (if relevant)
- The date your tenancy began and the length of the tenancy
- The amount of rent you pay
- What services are included in the rent and a breakdown of those services
- The property owner's or managing agent's signature
- The names of joint tenants (if relevant)
- How often you must pay your rent (weekly, monthly and so on).

## State benefit income

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(Not necessary if you receive Income Support and Job Seeker's Allowance (income based)/Pension Credit (guaranteed credit)/Employment and Support Allowance (income related).

For each benefit you receive we **must** see one of the following as proof.

- Current letter from the DWP of your entitlement to benefit
- Your latest bank or building society statements showing the payment being made into the account
- A Tax Credit or Pension Credit letter.

## Earnings from employment

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We must see any of the following, which **must** be official payslips (**not** hand written).

- Last five weekly payslips
- Last two monthly payslips
- Last three fortnightly payslips.

## Self employed earnings

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- Audited accounts from an accountant
- Your own profit-and-loss accounts.

## Other income

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Examples of other income are private pensions, student loans and maintenance from a former partner. We will accept any one of the following as proof.

- A current payment advice slip
- A current bank or building society statement showing payments you have received
- Current award notification letters
- A current student loan award notification
- A letter from absent parents confirming payments made
- A letter from the organisation which gives you the money showing how much you get and how often you get it.

## Savings and investments

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If you and your partner have savings (not necessary if you receive Income Support/Job Seeker's Allowance (income based)/Pension Credit (guaranteed credit)/Employment and Support Allowance (income related), you will need to provide the following proof.

- Bank or building society statements showing the last two months' transactions
- A savings book showing the current amount
- Current proof of assets for certificates, shares, bonds, unit trusts, or a letter from 'CREST' (a certificate holding company). However, if you have given us proof of these type of assets before and they have not changed, you do not need to provide proof again
- Provide evidence of all accounts with your name on including joint accounts.

## Outgoings

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- Childcare charges - this must be a letter from the person you make payments to showing the amount you pay, how often and the Ofsted registration number of the minder
- Maintenance payments for your children who are students.

## Non-dependants

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We also need to see proof of the income and savings of people who live with you.

- If they are on Income Support/Income-based Jobseeker's Allowance/Pension credit-guarantee credit/Employment and Support Allowance (income related), we only need proof of this
- If they are not on Income Support/Income-based Jobseeker's Allowance/Pension credit-guarantee credit/Employment and Support Allowance (income related), we need proof of their income and savings.

## Changes in circumstances

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If your circumstances change, you must write to us at the Benefits Service immediately. If you do not, and you receive benefit which you are not entitled to, you will have to pay it back.

If you deliberately do not tell us about a change in your circumstances because you would get less benefit, we may take action against you. This could include prosecution.

If the change in your circumstances will result in you receiving **more** benefit/reduction, you must tell us about it within **one month** or we will not be able to go back to the date of the change and you could lose benefit.

The main circumstances that you must tell us about are shown below.

- If you are not a council tenant and your rent changes
- If anyone who lives in your household starts or stops getting Jobseeker's Allowance, or any other state benefit
- If anyone who lives in your household starts or stops work
- If any of your children leave school
- If the wages of any child or non-dependant who lives with you goes up or down
- If you have another child
- If your or your partner's income or savings go up or down
- If you get married, separated or divorced
- If there is any change in the number of people living with you
- If the payments you receive from subtenants, boarders or lodgers change
- If someone you look after stops getting Attendance Allowance
- If you or your partner go into hospital for more than 52 weeks
- If you or your partner go on holiday.

**! These are only examples of changes that may affect your benefit. If you are in any doubt, please contact us.**

## Fair Processing Notice - How we use the information you give us

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Any personal information you give us is held securely and will be used only for council purposes. Information that was collected for one purpose may be used for another council purpose, unless there are legal restrictions preventing this. Islington may share this information where necessary with other organisations, including (but not limited to) where it is appropriate to protect public funds and/or prevent fraud in line with the National Fraud Initiative guidelines.

Using your information in this way allows us to deliver more efficient services that can be tailored to your individual needs and preferences. All personal information is held in strict confidence.

The use of data by the Audit Commission in a data matching exercise is carried out with statutory authority under its powers in Part 2A of the Audit Commission Act 1998.

Housing Benefit and Council Tax fraud investigations may include checks on undeclared household members such as cohabiters. Details regarding your Housing Benefit and Council Tax may be passed to a credit reference agency such as Experian.

Please see [www.islington.gov.uk/dataprotection](http://www.islington.gov.uk/dataprotection) for more information.

Part 2

About you and your partner

Please complete all sections and cross through parts not applicable

Date issued (Day/Month/Year)

/ /

Date received stamp

[Large empty box for date received stamp]

FOR OFFICE USE ONLY

Please tick appropriate box

I wish to claim Housing Benefit

Council Tax Support

Both

Q1

Private tenant

Owner occupier

Joint owner occupier

Council tenant

Shared ownership

Housing Association tenant

Q2

Please state the number of bedrooms in the property

[Empty box for number of bedrooms]

Q3

Previous claim number (if available)

[Empty box for previous claim number]

**! If you do not answer all the questions, it will delay your claim.**

Please provide us with your contact details (confirm the best time to contact you between 9-5pm)

Q4

Telephone number

[Empty box for telephone number]

Q5

Email address

[Empty box for email address]

Q6

We may need to contact you in the future, please tick your preferred method of contact

Email

Post

Phone

2.1

Address and postcode

[Large empty box for address and postcode]

2.2

Flat or room number (if any)

[Empty box for flat or room number]



2.3 Do you have a partner who normally lives with you? No  Yes

**By partner we mean**

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners

**If you have a partner, answer all the questions about them as well as yourself**

	YOU	YOUR PARTNER
2.4 Last Name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
2.5 Title (Mr, Mrs, Ms or other)	<input type="text"/>	<input type="text"/>
2.6 National Insurance number	<input type="text"/>	<input type="text"/>
2.7 Date of birth (dd/mm/yyyy)	/ /	/ /
2.8 Have you or partner claimed Housing Benefit or Council Tax Support before?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	When did you claim? / /	When did you claim? / /
What was the previous address at which you claimed?	<input type="text"/>	<input type="text"/>
	POSTCODE	POSTCODE



2.9 If you have moved home in the last 12 months, tell us your last address

YOU
POSTCODE

YOUR PARTNER
POSTCODE

2.10 Are you an asylum seeker?

No  Yes

No  Yes

2.11 Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

No  Yes

No  Yes

If 'Yes' we will write to you about this

If 'Yes' we will write to you about this

2.12 What is your nationality?



2.13 If your nationality is not British on what date did you come to live in the UK? (The UK is England, Northern Ireland, Scotland and Wales)

 /  / 
 /  / 

2.14 Are you or your partner currently not living at home for any reason, such as in hospital, in prison or on holiday?

No  Yes

No  Yes

Date left

 /  / 
 /  / 

Date expected to return

 /  / 
 /  / 


2.15 Are you living, or do you ever live, at an address other than the one you have already told us about?

YOU

No  Yes

If 'Yes' what is the address?

POSTCODE

YOUR PARTNER

No  Yes

If 'Yes' what is the address?

POSTCODE

2.16 Were you in receipt of universal credit at your previous address?

No  Yes

No  Yes

2.17 Do you or your partner have an invalid vehicle or car under the Mobility Scheme?

No  Yes

No  Yes

2.18 Are you or your partner receiving Attendance Allowance?

No  Yes

No  Yes

2.19 Are you or your partner registered or certified blind?

No  Yes

No  Yes

2.20 Are you or your partner receiving Disability Living Allowance or Personal Independence Payment?

No  Yes

No  Yes

2.21 Are you or your partner a full time student? (We may write to you separately about this)

No  Yes

No  Yes

2.22 Are you or your partner a student nurse?

No  Yes

No  Yes

2.23 Are you or your partner an apprentice or on youth training?

No  Yes

No  Yes

2.24 Are you or your partner long-term sick or disabled?

No  Yes

No  Yes



**3.1** Do you have any children living with you who are under the age of 16 or under the age of 20 and still in further education?

**No** If 'No' go to Part **4** 

**Yes** If 'Yes', please fill in the details below.

**If you have more than three children, use a separate piece of paper.**

	1st CHILD	2nd CHILD	3rd CHILD
<b>3.2</b> Last name			
Other names			
<b>3.3</b> Date of birth	/ /	/ /	/ /
<b>3.4</b> Relationship to you			
<b>3.5</b> Male or female			
<b>3.6</b> Who gets Child Benefit for them? (Need to see proof of this)			
<b>3.7</b> Usual address of child if different from yours			
<b>3.8</b> Does your child receive Disability Living Allowance or Personal Independence Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>3.9</b> Are they registered or certified blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

**! IMPORTANT**

**You must let us know when your children leave school or if your Child Benefit stops**

If you are sending a separate sheet of paper, please tick this box



Part 4

Other people who live with you

4.1 Do any other adults normally live with you and your partner? Do not include your partner, people who pay you rent, joint tenants, joint owners and children already listed in part 3. If you have more than two adults living with you, use a separate piece of paper.

No  Yes

If 'No' go to Part 5 

	1st PERSON	2nd PERSON
4.2 Last name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
4.3 Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
4.4 Relationship to you	<input type="text"/>	<input type="text"/>
4.5 Please state if any of these people are a couple	<input type="text"/>	<input type="text"/>
4.6 Do they receive Income Support, income-based Jobseeker's Allowance, pension (guarantee) credit, or Employment and support allowance (income related)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
4.7 Do they receive any other benefit or Income?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', name the benefit/type of income	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often?	EVERY <input type="text"/>	EVERY <input type="text"/>
4.8 If they are working, how many hours a week?	<input type="text"/>	<input type="text"/>
4.9 Total amount of savings	£ <input type="text"/>	£ <input type="text"/>
4.10 Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
4.11 Are they registered or certified blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
4.12 Are they a full-time student, a student nurse, a care worker, an apprentice or on Youth Training?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
4.13 Are they in hospital or in legal custody? If yes, please tell us the date they are due back in Part 16	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
4.14 Do they have any other income? (We will write to you about this)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If you are sending a separate sheet of paper, please tick this box



# Part 5

# Income

	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If 'No' go to Part 6 
5.1 Are you or your partner working or receiving any benefits in 5.2 below?			
	YOU		YOUR PARTNER
5.2 Are you or your partner getting Jobseeker's Allowance (income based), Income Support, pension (guarantee) credit, or Employment and support allowance (income related)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If 'Yes' go to Part 11 		If 'Yes' go to Part 11 
5.3 Have you or your partner made a claim and are now waiting for a decision?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If 'Yes' go to Part 11 		If 'Yes' go to Part 11 
5.4 Do you work?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
5.5 How many hours do you work each week?	<input type="text"/>		<input type="text"/>
5.6 You must provide the full name and address of your employer	<input type="text"/>		<input type="text"/>
5.7 When did you start this job?	/ /		/ /
5.8 How are you paid? (cash, cheque, BACs)	<input type="text"/>		<input type="text"/>
5.9 Do you get overtime, bonuses, tips or commission?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
5.10 How much are you paid?	£ <input type="text"/>		£ <input type="text"/>
5.11 How often?	<input type="text"/>		<input type="text"/>
5.12 How much is your pay before deductions?	£ <input type="text"/>		£ <input type="text"/>
5.13 What is your payroll number?	<input type="text"/>		<input type="text"/>
5.14 Do you or your partner have a 2nd job? If yes please give details on a separate piece of paper	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
5.15 Are you or your partner receiving Statutory Sick Pay or Statutory Maternity Pay?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
5.16 Are you self-employed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
5.17 Are you self-employed and receiving a business start up loan?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
5.18 Are you a company director?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
5.19 If you are working, do you pay childcare for any child aged under 15?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

6.1 Do you or your partner have any of the following?

No  Yes

If 'No' go to Part 7

TYPE OF INCOME	YOU		YOUR PARTNER	
	AMOUNT YOU GET	HOW OFTEN	AMOUNT YOU GET	HOW OFTEN
6.2 Private pensions(s) or occupational pension(s)	TOTAL £		TOTAL £	
6.3 State Pension	£		£	
6.4 Widow's or Widower's Pension	£		£	
6.5 War Disablement Pension	£		£	
6.6 War Widow's or Widower's Pension	£		£	
6.7 Guarantee credit (pension credit)	£		£	
6.8 Savings credit (pension credit)	£		£	
6.9 Are you paying money towards a personal pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
If 'Yes', how much?	£		£	
6.10 Have you paid into a private pension but are not taking any or all of the private income?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
If 'Yes', please provide the name and address of the company				
What is the policy number?				



7.1 Do you or your partner have any of the following?

No  Yes

If 'No' go to Part 8 

TYPE OF INCOME	YOU		YOUR PARTNER	
	AMOUNT YOU GET	HOW OFTEN	AMOUNT YOU GET	HOW OFTEN
7.2 Child Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.3 Maternity Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.4 Foster Care Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.5 Guardian's Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.6 Adoption or Custodian Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.7 Bereavement Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.8 Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.9 Widowed Mother's Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.10 Widowed Parent's Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.11 Child Tax Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.12 Working Tax Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.13 Paternity Pay	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.14 Adoption Pay	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.15 Statutory Sick Pay	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.16 Maternity Pay	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.17 Jobseeker's Allowance (contribution based)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



8.1 Do you or your partner have any of the following?

No  Yes

If 'No' go to Part 9 

TYPE OF INCOME	YOU		YOUR PARTNER	
	AMOUNT YOU GET	HOW OFTEN	AMOUNT YOU GET	HOW OFTEN
8.2 Incapacity Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.3 Employment and support allowance (contribution based)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.4 Severe Disablement Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.5 Industrial Disablement Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.6 Industrial Death Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.7 Carer's Allowance (if you receive the allowance for looking after someone else)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.8 Please tell us the name and address of the person you are looking after	<input type="text"/>		<input type="text"/>	
8.9 Carer's Allowance (if someone else receives the allowance for looking after you)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.10 Do you have a carer who lives elsewhere but who needs to stay overnight with you? (we will contact you separately about this)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
8.11 Have you or your partner ever <b>claimed</b> Carer's Allowance?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**! Still tick 'Yes' if you were not paid any Carer's Allowance. This could have been because you were better off getting another social security benefit.**



9.1 Do you or your partner have any of the following? No  Yes

If 'Yes', are you or your partner receiving money from any of the following? If 'No' go to Part 10 

	YOU	YOUR PARTNER
9.2 A youth training scheme	£ <input type="text"/>	£ <input type="text"/>
9.3 An annuity	£ <input type="text"/>	£ <input type="text"/>
9.4 Rental income from property in this country or abroad	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
9.5 Any other income - what is it? (include cash payments and compensation payments)	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
9.6 Do you or your partner pay any money towards student loans for your children?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much?	£ <input type="text"/>	£ <input type="text"/>
9.7 A voluntary organisation or charity	<input type="text"/>	<input type="text"/>
Please say what these payments are for	<input type="text"/>	<input type="text"/>

**! You do not need to tell us about payments from Independent Living Fund, The Eileen Trust or the MacFarlane Trust**

9.8 Do you receive money from overseas?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
State which country the money comes from	<input type="text"/>	<input type="text"/>



10.1 Do you or your partner have any of the following? No  Yes   
 If 'Yes', give the amount. You must include all accounts with your names including joint accounts and please include account numbers. If 'No' go to Part 11

	YOU	YOUR PARTNER
10.2 Bank account (one)	£	£
10.3 Bank account (two)	£	£
10.4 Bank account (three)	£	£
10.5 Bank account (four)	£	£
10.6 National Savings Certificates and Bonds	£	£
10.7 Premium Bonds	£	£
10.8 Post Office accounts	£	£
10.9 Number of unit trusts		
10.10 Number of shares and name of company		
10.11 ISAs	£	£
10.12 Do you or your partner have any joint accounts?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please give the account name		
10.13 The amount	£	£
Give details of any savings or investments not listed above		
Do you or your partner own or partly own any property, other than the home you live in, either in the UK or abroad?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you ticked 'Yes' we will need more information (We will write to you about this)		



	YOU	YOUR PARTNER
11.1 Do you pay rent for your home?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If 'No' go to Part 17 	If 'No' go to Part 17 
11.2 Date your tenancy started (day/month/year)		/ /
11.3 Date your moved in (day/month/year)		/ /
11.4 Do you have a tenancy agreement?		No <input type="checkbox"/> Yes <input type="checkbox"/>
11.5 How long is it for?		
11.6 What type of tenancy do you have?		
11.7 Other than you and your partner, are any of the people who live in the property joint owners or joint tenants?		No <input type="checkbox"/> Yes <input type="checkbox"/>

If 'Yes', please give their names below.

LAST NAME	OTHER NAMES	RELATIONSHIP TO YOU

	YOU	YOUR PARTNER
11.8 Have you been placed here by a council's homeless person's unit or social services?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
11.9 Do you pay rent to the council?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', say which council		
11.10 Are you a tenant of a council cooperative scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
11.11 If you are under 22 were you in Local Authority Care before you moved to this address?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
11.12 If you are aged 25-34 have you lived for 13 weeks or more in a hostel for homeless people?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
11.13 Has someone in your household died within the last 12 months?		No <input type="checkbox"/> Yes <input type="checkbox"/>

Name of person

Relationship to you or your partner

Date they died



If you are a council tenant go to Part 17

12.1 How much rent do you pay? £

How often do you pay rent? Weekly  2 Wks  4 Wks  Monthly

12.2 If none of these, please say how often

12.3 Are any of the following included in your rent? (If 'Yes', fill in the following.) No  Yes

	YES	AMOUNT		YES	AMOUNT
12.4 Heating	<input type="checkbox"/>	£ <input type="text"/>	12.15 Laundry	<input type="checkbox"/>	£ <input type="text"/>
12.5 Lighting	<input type="checkbox"/>	£ <input type="text"/>	12.16 Counselling or support	<input type="checkbox"/>	£ <input type="text"/>
12.6 Hot water	<input type="checkbox"/>	£ <input type="text"/>	12.17 Nursing	<input type="checkbox"/>	£ <input type="text"/>
12.7 Fuel for cooking	<input type="checkbox"/>	£ <input type="text"/>	12.18 Personal care	<input type="checkbox"/>	£ <input type="text"/>
12.8 Water rates	<input type="checkbox"/>	£ <input type="text"/>	12.19 Breakfast	<input type="checkbox"/>	£ <input type="text"/>
12.9 Council Tax	<input type="checkbox"/>	£ <input type="text"/>	12.20 Lunch	<input type="checkbox"/>	£ <input type="text"/>
12.10 Garage or parking	<input type="checkbox"/>	£ <input type="text"/>	12.21 Evening meal	<input type="checkbox"/>	£ <input type="text"/>
12.11 TV	<input type="checkbox"/>	£ <input type="text"/>	12.22 Gardening	<input type="checkbox"/>	£ <input type="text"/>
12.12 Satellite television	<input type="checkbox"/>	£ <input type="text"/>	12.23 Decoration	<input type="checkbox"/>	£ <input type="text"/>
12.13 Cable television	<input type="checkbox"/>	£ <input type="text"/>	12.24 Other	<input type="checkbox"/>	£ <input type="text"/>
12.14 Cleaning service	<input type="checkbox"/>	£ <input type="text"/>	Please give details	<input type="text"/>	

12.25 Do you pay any service charges separate from your rent for facilities such as cleaning, lighting and so on in shared areas? No  Yes  If 'Yes' how much? £

12.26 Does anyone else share the rent with you and your partner? No  Yes

If 'Yes', what are their names?

12.27 Has your rent changed in the last 12 months? No  Yes

12.28 When is the next rent increase due? (day/month/year)  /  /

12.29 Has your rent been registered as a fair rent? No  Yes

If 'Yes', when? (day/month/year)  /  /

Please tick the type of accommodation you live in.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> 13.1 Detached house           | <input type="checkbox"/> | <input type="checkbox"/> 13.10 Bedsit with shared facilities | <input type="checkbox"/> |
| <input type="checkbox"/> 13.2 Semi-detached house      | <input type="checkbox"/> | <input type="checkbox"/> 13.11 Guest house or hotel          | <input type="checkbox"/> |
| <input type="checkbox"/> 13.3 Terraced house           | <input type="checkbox"/> | <input type="checkbox"/> 13.12 Residential nursing home      | <input type="checkbox"/> |
| <input type="checkbox"/> 13.4 Self-contained bedsit    | <input type="checkbox"/> | <input type="checkbox"/> 13.13 Residential care home         | <input type="checkbox"/> |
| <input type="checkbox"/> 13.5 Room in a house          | <input type="checkbox"/> | <input type="checkbox"/> 13.14 Studio flat                   | <input type="checkbox"/> |
| <input type="checkbox"/> 13.6 Flat in a block of flats | <input type="checkbox"/> | <input type="checkbox"/> 13.15 Caravan                       | <input type="checkbox"/> |
| <input type="checkbox"/> 13.7 Flat over a shop         | <input type="checkbox"/> | <input type="checkbox"/> 13.16 Houseboat                     | <input type="checkbox"/> |
| <input type="checkbox"/> 13.8 Maisonette               | <input type="checkbox"/> | <input type="checkbox"/> 13.17 Hostel or refuge              | <input type="checkbox"/> |
| <input type="checkbox"/> 13.9 Flat in a house          | <input type="checkbox"/> |  |                          |

13.18 If none of the above, please give details:

13.19 How many floors are there in the building you live in?

- 13.20 Which floor or floors do you live on?
- |                 |                          |               |                          |              |                          |
|-----------------|--------------------------|---------------|--------------------------|--------------|--------------------------|
| <b>Basement</b> | <input type="checkbox"/> | <b>Ground</b> | <input type="checkbox"/> | <b>First</b> | <input type="checkbox"/> |
| <b>Second</b>   | <input type="checkbox"/> | <b>Third</b>  | <input type="checkbox"/> | <b>Other</b> | <input type="checkbox"/> |

If you ticked 'Other', please say where.

- 13.21 Is the property you rent:
- |                         |                          |                        |                          |                         |                          |                    |                          |
|-------------------------|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|--------------------|--------------------------|
| <b>partly furnished</b> | <input type="checkbox"/> | <b>fully furnished</b> | <input type="checkbox"/> | <b>barely furnished</b> | <input type="checkbox"/> | <b>unfurnished</b> | <input type="checkbox"/> |
|-------------------------|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|--------------------|--------------------------|

13.22 If you live in a room or bedsit, are there any cooking facilities? **No**  **Yes**

13.23 Has your home been adapted for someone with a disability? **No**  **Yes**

13.24 Do you have central heating? **No**  **Yes**

13.25 Who is responsible for decorating the inside of your home? **You**  **Landlord**  **Don't know**

13.26 Do you have a garage? **No**  **Yes**



13.26

**! IMPORTANT. If you use a room, rooms or flat in part of a house you must tell us where it is in the property.**

Is it in:

the front?  the back?  the centre?

In the table below, please tell us how many rooms you have.

	TOTAL NUMBER OF ROOMS IN YOUR HOUSE OR FLAT	HOW MANY ROOMS ARE FOR YOUR USE ONLY?	HOW MANY ROOMS DO YOU SHARE?
13.27 Living or dining rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.28 Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.29 Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.30 Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.31 Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.32 Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.33 Other - please say	<input type="text"/>	<input type="text"/>	<input type="text"/>

**! You only need to fill in this part if you are renting a room in a property**

13.34

Facing your property from the road, is your own room on the left, in the middle or on the right of the building?

Please mark your room with an X.

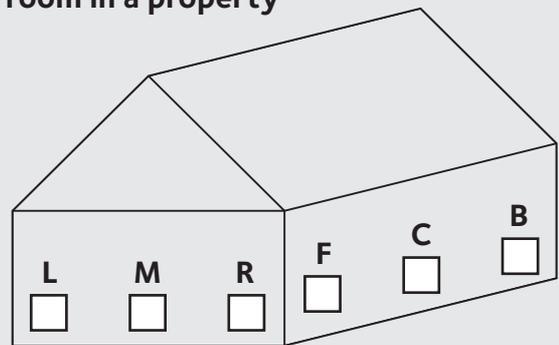
13.35

Is your own room at the front, centre or at the back of the building?

Please mark your room with an X.

13.36

If your room is somewhere different, please say where





**14.1** Please give the name and business address of your landlord, landlady or agent

Last name

Other names

Address

Telephone

If it is an agent please tick this box

**14.2** If your landlord or landlady is a company, do you or your partner have any connection with the company?

No

Yes

**14.3** Is your landlord, landlady or agent related to you, your partner or children?

No

Yes

If 'Yes', who is related to who and how?

**14.4** Does the landlord, landlady or agent live in the property?

No

Yes

**14.5** Do you owe your landlord or landlady any rent?

No

Yes

If 'Yes', how much?

£

**14.6** Have you ever owned the property you are now living in?

No

Yes

If 'Yes', please give the date you sold it and the reason

/  /



We will pay your housing benefit straight into your bank or building society account. Generally we will only pay your landlord if you are a housing association tenant.

- 15.1 Are you likely to have difficulty managing your finances? No  Yes
- 15.2 Is it likely that you will use your benefit to pay your rent? No  Yes
- 15.3 Has your landlord reduced the rent (or not increased the rent) to make it affordable to you? (we will contact you separately about this) No  Yes
- 15.4 I want my benefit to go straight to my landlord and I am a housing association tenant? If you tick this box both you and your landlord have to fill in the additional declaration in part 19.  **Go to Part 16** 

15.5 Tell us the following details:

Name of bank or building society

Address and postcode

Give account name as it appears on your bank statement

Account number

Sort code

**! Please note that we will not be paying claims by cheque. If your bank details are not provided we cannot start paying benefit.**



16.1 Are you a boarder or do you live in a hostel or refuge?

If 'Yes', how many meals does your landlord or landlady provide?

None  Breakfast  Less than 3 meals  All meals

16.2 If your rent includes any of the following services, please tick the box and write the amount if you know it.

Laundry (sheets)  £  Cleaning  £

Personal laundry  £

16.3 Do you share your room with anyone who is not your partner or who is not related to you?

No  Yes

16.4 Please use for anything else you wish to tell us about, including any benefits or pension claimed but not yet received, or other income/capital expected in the future.



We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

**17.1** Date you want your benefit to be paid from (day/month/year)

**17.2** Tell us why you did not claim earlier.  
Please give as much detail as possible and provide any evidence you have, because we cannot normally back date claims.



18.1

We are committed to an equal opportunities policy. To help us carry out this policy and to make sure that we do not treat anyone unfavourably for any reason, please provide the following information. This is to allow us to monitor our policy. We will not use the information for any other purpose.

I would describe myself as: (tick one box only)

White		Asian or Asian British		Chinese	
A	<input type="checkbox"/> British	H	<input type="checkbox"/> Indian	O	<input type="checkbox"/> Chinese
B	<input type="checkbox"/> Irish	I	<input type="checkbox"/> Pakistani	P	<input type="checkbox"/> Other
C	<input type="checkbox"/> Other	J	<input type="checkbox"/> Bangladeshi		<input type="text"/>
	<input type="text"/>	K	<input type="checkbox"/> Other	Q	<input type="checkbox"/> Greek/Greek Cypriot
Mixed			<input type="text"/>	R	<input type="checkbox"/> Turkish/Turkish Cypriot
D	<input type="checkbox"/> White/Black Caribbean	Black or Black British			
E	<input type="checkbox"/> White/Black African	L	<input type="checkbox"/> Caribbean		
F	<input type="checkbox"/> White and Asian	M	<input type="checkbox"/> African		
G	<input type="checkbox"/> Other	N	<input type="checkbox"/> Other		
	<input type="text"/>		<input type="text"/>		

The Disability Discrimination Act 1995 states that a person has a disability 'if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities'.

Do you consider yourself disabled using this definition?

How would you define your gender?

Female  Male  Transgender (M-F)  Transgender (F-M)

And your sexuality?

Heterosexual  Transexual  Gay  Lesbian  Bisexual

And your religion/belief?

Buddhist  Christian  Hindu  Jewish   
 Muslim  No religion  Rastafarian  Sikh   
 Any other

**If you want us to pay your benefit straight to your landlord, you must sign this declaration.**

19.1

Please pay my Housing Benefit straight to my landlord. I understand that:

- I must always tell you about any change in my circumstances
- If I do not tell you about any change of circumstances and you pay me too much benefit because of this, I will have to pay back the extra benefit; and
- I may be prosecuted if I do not tell you about any change of circumstances.

**Signature**

**Date**

 /  / 

Now ask your landlord to sign this agreement

19.2

Landlords name

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

- I must tell you straight away if I find out about any change in the tenant's circumstances
- You can stop paying benefit to me if I do not tell you about any change of circumstances
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to and;
- If you pay me too much Housing Benefit for any tenant, I must repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

**Signature**

**Date**

 /  / 


19.2

**Sharing information with your landlord**

Sometimes, sharing information with your landlord helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed. We would only share information with your landlord if you:

- are a local authority tenant; or
- have agreed that your Housing Benefit can be paid directly to your landlord.

But in either case, under the Data Protection Act we need your permission to share information.

If you give us permission, we would be able to tell your landlord:

- whether or not you had claimed or renewed your claim for Housing Benefit and, if so, whether we have made a decision on your claim or not; and
- if we need further information to make a decision on your claim, and if so what information this is.

**We will not give your landlord any information about:**

- your personal or household circumstances; or
- your financial circumstances

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. And if you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know.

**I give Islington permission to share my information about the progress of my Housing Benefit claim with my landlord or other representative.**

**Signature**

**Address and date**

**Date**





## When benefit will start from

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If you are applying for benefit/reduction for the first time or your benefit/reduction has stopped, fill in and return this form **immediately** as we will normally only pay benefit/reduction from the Monday after we receive it.

If you answer all the questions on the form and send us all the proof we need, we will contact you within 14 days, or as soon as possible after that, to tell you if you are entitled to benefit/reduction. If you do not have all the information we need, send the application form in **now** and the proof within one month, or you may lose benefit/reduction.

## Where to take your form

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### Holland Walk Area Housing Office

85-88 Holland Walk  
London N19 3XS  
Phone: 020 7527 7480

### Customer Centre

222 Upper Street, London N1 1XR  
Email: [contact@islington.gov.uk](mailto:contact@islington.gov.uk)  
Phone: 020 7527 2000  
Fax: 020 7527 5001  
Minicom: 020 7527 1900  
Web: [www.islington.gov.uk](http://www.islington.gov.uk)

## Where to send your form

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### Benefits Service

PO Box 34750  
London N7 9WF  
Email: [frontoffice.housing@islington.gov.uk](mailto:frontoffice.housing@islington.gov.uk)

Phone: 020 7527 4990  
Minicom: 020 7527 3628  
SMS: 07957 151231

## Manage your housing benefit and council tax much quicker online!

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Register for My eAccount and you can access all council services you need online 24 hours a day, 7 days a week. From checking your Housing Benefit and Council Tax Support entitlement, paying your rent, or council tax, down to reporting dog fouling or littering on your street, plus lots more!

**Log on at [www.islington.gov.uk/myaccount](http://www.islington.gov.uk/myaccount)**

Not registered yet? It's simple - you can do so in six steps:

- Visit [www.islington.gov.uk/myaccount](http://www.islington.gov.uk/myaccount) or scan the QR code to be taken straight there
- Once registered, log in and choose the service you need from the list of council services

**For more details on benefits visit [www.islington.gov.uk/benefits](http://www.islington.gov.uk/benefits)**



## Useful numbers

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Sheltered housing	020 7527 5395
Repairs (8am to 8pm)	0800 694 3344
Emergency out of hours repairs	020 7527 5400
Federation of Islington Tenants Association	020 7226 9246
Benefits service	020 7527 4990
Freephone housing benefit fraud hotline	0800 073 1449
Empty property hotline	020 7527 6080
Home ownership	020 7527 7754
Linkline community alarm service	020 7527 5456

**If you would like this document in large print or Braille, audiotape or in another language, please contact 020 7527 2000.**