

# Employment and Support Allowance

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## How to claim

The best way to make a claim is by phone.

Please contact us on **0800 055 6688**.

Calls to 0800 numbers are free from BT landlines but you may have to pay if you use another phone company a mobile or if you are calling from abroad.

If you have speech or hearing difficulties you can contact us using a textphone on **0800 023 4888**.

You can ask a friend or relative or an organisation that you know and trust to help you, or contact Jobcentre Plus.

This form is available in Welsh for customers in Wales.  
If you wish to speak to us in Welsh please contact us on **0800 012 1888**.

## About this form

You may not get Employment and Support Allowance if you do not

- answer all the questions on the form that apply to you and your partner, if you have one, and
- send us the completed claim form and all the documents we ask for straight away.

If you are unable to do this, please tell us why in **Part 22 Other information**. Sometimes we may still be able to deal with your claim.

You should send your claim form back to us within **one month** of the date it was sent to you. If you do not, you may only get benefit from the date you give us all the information we need.

**Please read the notes before you fill in this form.  
They will help you decide what to claim.**

# Notes

## What is Employment and Support Allowance?

Employment and Support Allowance is a social security benefit for people who have an illness or a disability.

You may be able to get Employment and Support Allowance if you have an illness or disability, and you

- are unemployed, **or**
- are self-employed, **or**
- work for an employer but you cannot get Statutory Sick Pay, **or**
- have been getting Statutory Sick Pay but it has now stopped.

Statutory Sick Pay is money employers pay to employees who are away from work for 4 days or more in a row because of their illness or disability.

## Work capability assessments

We may ask you to take part in a work capability assessment. By 'work capability assessment' we mean

- filling in and returning a questionnaire, and
- going to a medical assessment.

We will contact you about this. If you do not fill in the form or take part in an assessment, we may stop your benefit.

## Work focused interviews

We may ask you to go to work focused interviews that will help you get back into work. We will contact you about these. If you do not take part in these interviews, we may reduce your benefit.

## Contribution-based Employment and Support Allowance

You may get contribution-based Employment and Support Allowance if you have paid or been credited with enough class 1 or class 2 National Insurance contributions in the last three tax years.

Contribution-based Employment and Support Allowance is paid at a basic rate for the first 13 weeks. We will then pay your benefit at a rate based on your work capability assessment. We call the first 13 weeks that we pay your benefit your 'assessment phase'.

Sometimes you cannot get contribution-based Employment and Support Allowance based on your United Kingdom (UK) National Insurance contributions. But you may be able to get contribution-based Employment and Support Allowance if you have worked outside the UK.

We may reduce your contribution-based Employment and Support Allowance if you get

- other social security benefits
- a personal or occupational pension
- a public service pension.

Your savings will not affect your contribution-based Employment and Support Allowance.

## Income-related Employment and Support Allowance

You may get income-related Employment and Support Allowance if you do not have enough money coming in.

You can claim income-related Employment and Support Allowance for

- you and your partner
- some housing costs
- special needs. For example, if you or a member of your family have a disability.

We may reduce your income-related Employment and Support Allowance if you or anyone you are claiming for has

- savings over £6,000
- money coming in each week. For example
  - earnings from part-time work
  - other social security benefits
  - personal or occupational pensions.

### If you are claiming for a partner

We may ask your partner to go for work focused interviews. If we need your partner to go for an interview, we will contact them after you have been getting income-related Employment and Support Allowance for 26 weeks or more.

If they do not take part in these interviews, it may affect your benefit.

We use 'partner' to 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.

## Employment and Support Allowance in Youth

If you are aged between 16 and 25, sometimes you can claim Employment and Support Allowance even if you have not paid enough National Insurance contributions.

You may be able to claim Employment and Support Allowance in Youth if

- you are aged between 16 and 20, **or**
- you are aged between 21 and 25, and you were in education or training during the last three months before your 20th birthday, **and**
- you have been unable to work because of illness or disability for at least 28 weeks, **and**
- you normally live in Great Britain, and have lived in Great Britain for 26 weeks in the year before you claim.

If you do not normally live in Great Britain, or have not lived in Great Britain for 26 weeks in the year before you claim, but you are

- a serving member of HM Armed Forces
- an airman
- a mariner, or
- working on the continental shelf

you may still be able to claim Employment and Support Allowance in Youth.

Employment and Support Allowance in Youth is a flat rate benefit for the first 13 weeks. We will then pay your benefit at a rate based on your work capability assessment.

We may reduce your Employment and Support Allowance in Youth if you get

- other social security benefits
- a personal or occupational pension, or
- a public service pension.

Your savings will not affect your Employment and Support Allowance in Youth.

## Child Tax Credit

Employment and Support Allowance does not include money for children or qualifying young persons. But you can claim Child Tax Credit. To find out more about Child Tax Credit visit **[www.hmrc.gov.uk](http://www.hmrc.gov.uk)**

You can claim Child Tax Credit online too.

You can also phone HM Revenue & Customs about Child Tax Credit on **0845 300 3900**. If you have speech or hearing difficulties you can contact them using a textphone on **0845 300 3909**.

Lines open 8am–8pm seven days a week except Christmas Day, Boxing Day and New Year's Day.

If you need help or a form in Welsh, please phone **0845 302 1489**. Lines are open 8.30am–5pm Monday to Friday.

We use 'child' to mean a person aged under 16 who you are getting Child Benefit for.

We use 'qualifying young person' to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

## Medical statements

If you are getting Statutory Sick Pay, please send us your current medical statement with your claim.

'Medical statements' are also known as medical certificates, doctor's statements or sick notes.

If you are not entitled to Statutory Sick Pay, you do not normally need to get a medical statement for the first 7 days of your illness or disability. From the 8th day you will need to get a medical statement from your doctor and send it to us.

## How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to protect against crime.

To find out more about how we use information, visit our website **[www.dwp.gov.uk/privacy-policy](http://www.dwp.gov.uk/privacy-policy)** or contact any of our offices.

## Our service standards

At Jobcentre Plus we aim to provide a high standard of customer service at all times. Details of the standard of service you can expect from us can be found at **[www.direct.gov.uk/benefits](http://www.direct.gov.uk/benefits)**

You can access our website from many libraries.

For more information please contact Jobcentre Plus.

## More information

To find out more, ask for a leaflet about Employment and Support Allowance from Jobcentre Plus. Or visit **[www.direct.gov.uk/benefits](http://www.direct.gov.uk/benefits)**

# Before you fill in this form

To work out if you need to fill in this form answer the questions below.

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**a Do you get any special medical treatment?**

By 'special medical treatment' we mean

- dialysis
- radiotherapy
- chemotherapy
- plasmapheresis
- total parenteral nutrition for gross impairment of enteric function.

**No** ☐ Please go to question **b**.

**Yes** ☐ Please go to question **d**.

**b Are you employed by an employer, even if you are not working at the moment?**

**No** ☐ Please go to question **d**.

**Yes** ☐ If you have more than one job, please tell us how many below.

**c Have any of your employers given you a form **SSP1**?**

**No** ☐ You may be able to get Statutory Sick Pay instead of Employment and Support Allowance. Ask your employer about Statutory Sick Pay **before you fill in this form**.

**Yes** ☐ You must send us a **separate** form **SSP1** for **each** job you do along with this form.

**d Have you claimed Incapacity Benefit during the 104 weeks before the date you want to claim from?**

**No** ☐ Please go to the next page.

**Yes** ☐ We will contact you about this.

Did you start work or training within one month of leaving Incapacity Benefit?

**No** ☐ Please go to the next page

**Yes** ☐ **Do not** complete the rest of this form. Please contact us.

## Part 1 **About your claim**

### What date do you want to claim Employment and Support Allowance from?

We will need more information if the date you put is before the date you first got in touch with us.

 /  / 

To help you decide which parts of the form to fill in, answer the question below and follow the instructions.

Claim **income-related** Employment and Support Allowance

- if you think you cannot get contribution-based Employment and Support Allowance, or Employment and Support Allowance in Youth
- if you think that contribution-based Employment and Support Allowance, or Employment and Support Allowance in Youth, will not be enough to live on
- to get money for your partner, if your partner works less than 24 hours a week
- to get help with your housing costs, or
- if you and your partner have savings of £16,000 or less.

### Do you want to claim **income-related** Employment and Support Allowance?

Tick **Yes** if you are not sure.

If you do not claim income-related Employment and Support Allowance now, but then ask for it at a later date, we may only pay it from that later date.

**No** ☐ Fill in the answer boxes under **You** on pages **2** to **24**. Then go to page **45**.

**Yes** ☐ Fill in the answer boxes under **You** and **Your partner** on pages **2** to **24**. Then go to page **25**.

### Do you have a partner?

**No** ☐ Please go to **Part 2**.

**Yes** ☐ Does your partner, if you have one, agree to you making this claim?

**No** ☐ Still tell us **as much as you can** about your partner. We will get in touch with you about this.

**Yes** ☐ Your partner may need to go to a work focused interview if you are claiming for them.



If you are homeless but have a temporary address, even if this changes from day-to-day, please tick this box.

If you are homeless and have nowhere to live at all, please tick this box.

**What is your marital or civil partnership status?**  
Tick all the boxes that apply. If you tick more than one box, please tell us why in **Part 22 Other information**.

**Are you expecting a baby?**  
If you are expecting a baby or have a child under four, you may qualify for Healthy Start vouchers and vitamins. Call the Healthy Start helpline on **0845 607 6823** or visit **www.healthystart.nhs.uk** for an application leaflet.

**Have you had a baby in the 39 weeks before the date you are claiming from?**

**You**

☐ Please say where we can get in touch with you in the address box below.

☐ Please say where we can get in touch with you

Postcode

**Your partner**

☐ Please say where we can get in touch with you in the address box below.

☐ Please say where we can get in touch with you

Postcode

Married or civil partner ☐

Divorced or civil partnership dissolved ☐

Single ☐

Separated ☐

Living together ☐

Widowed or surviving civil partner ☐

Date became widowed or surviving civil partner

/

/

Married or civil partner ☐

Divorced or civil partnership dissolved ☐

Single ☐

Separated ☐

Living together ☐

Widowed or surviving civil partner ☐

Date became widowed or surviving civil partner

/

/

No ☐

Yes ☐ What date is the baby due?

/

/

No ☐

Yes ☐ What date was your baby born?

/

/

No ☐

Yes ☐ What date is the baby due?

/

/

No ☐

Yes ☐ What date was your baby born?

/

/

Part 3      **About your illness or disability**

	You	Your partner
What date did your illness or disability start?	<div></div>	<div></div>
Please give brief details of your illness or disability	<div></div>	<div></div>
Name of doctor who signs your medical statements	<div></div>	<div></div>
Address of doctor who signs your medical statements	<div></div> <div></div> <div></div> <div>Postcode</div>	<div></div> <div></div> <div></div> <div>Postcode</div>
Phone number of doctor who signs your medical statements	<div>Code</div> <div>Number</div>	<div>Code</div> <div>Number</div>
Are you getting Statutory Sick Pay?	<div>No <input type="checkbox"/> Please go to the next question.</div> <div>Yes <input type="checkbox"/> Please send your current medical statement to us. Go to the next page.</div>	
Are you entitled to Statutory Sick Pay? If you are not sure, please ask your employer.	<div>No <input type="checkbox"/> Ask your doctor for a medical statement from the 8th day of your illness or disability, and send it to us.</div> <div>Yes <input type="checkbox"/></div>	



Have you been in hospital as an in-patient in the last 52 weeks?

Name and address of hospital

Date you went into hospital

Have you come out of hospital?

Are you due to go into hospital in the next 3 months?

Have you ever been registered or certified as blind or severely sight impaired with

- a local authority in England or Wales, or
- a regional or islands council in Scotland?

Has your local authority or council removed you from the register?

**You**

No ☐

Yes ☐ Please tell us about this below.

Postcode

/	/
---	---

No ☐

Yes ☐ Date you came out of hospital

/	/
---	---

No ☐

Yes ☐ Date you are due to go into hospital

/	/
---	---

No ☐

Yes ☐ Please tell us the name of the local authority or council.

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No ☐

Yes ☐ Date your local authority removed you from the register

/	/
---	---

**Your partner**

No ☐

Yes ☐ Please tell us about this below.

Postcode

/	/
---	---

No ☐

Yes ☐ Date your partner came out of hospital

/	/
---	---

No ☐

Yes ☐ Date your partner is due to go into hospital

/	/
---	---

No ☐

Yes ☐ Please tell us the name of the local authority or council.

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No ☐

Yes ☐ Date your local authority removed your partner from the register

/	/
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## Part 4      **Special rules**

**Special rules** are for people who, because of their condition, are not expected to live longer than 6 months.

If you claim under special rules, **you will be able to get your benefit more quickly and easily.**

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### You

Do you think that the special rules apply to you?

No ☐ Go to **Part 5 About work.**

Yes ☐ Ask your doctor or specialist for a **DS1500 Report.**

The **DS1500 Report** is a report about your medical condition. You will not have to pay for it.

You can ask the doctor's receptionist, or nurse, or a social worker to arrange this for you. You do not have to see the doctor. You should be given the **DS1500 Report** straight away. Ask for the report in a sealed envelope if you do not want anyone to see it.

If you cannot get your **DS1500 Report** in time, claim Employment and Support Allowance anyway. Then give us the **DS1500 Report** as soon as you can.

Have you already asked for a **DS1500 Report** for your claim for Disability Living Allowance?

No ☐

Yes ☐ You do not need to get another **DS1500 Report**. Send the **DS1500 Report** with your claim for Disability Living Allowance.

Have you already sent the **DS1500 Report** with your claim for Disability Living Allowance?

No ☐

Yes ☐

Part 5

About work

We need to know about work you are doing now

- We need to know about any
- work for an employer or self-employed work

• full-time or part-time work

• permanent or casual work

• unpaid work or paid work

• work as a company director

• time spent on Work-Based Training for Young People, or Skillseekers in Scotland.

Are you working at the moment?

If you do voluntary work or you are temporarily absent from work, still tick **Yes**.

Date the work started

If you are no longer working, date you last worked

Number of hours a week you usually work

Number of days a week you usually work

Number of hours a week you currently work

Number of days a week you currently work

Employer's name

Employer's address

Employer's phone number

Job title

Clock, payroll or employee number

You

No ☐ Please send us your **P45**.  
Go to **Part 6 About other benefits**.

Yes ☐ Please tell us about this below.

/

/

/

/

hours

days

hours

days

Postcode

Code

Number

Your partner

No ☐ Go to **Part 6 About other benefits**.

Yes ☐ Please tell us about this below.

/

/

/

/

hours

days

hours

days

Postcode

Code

Number

	You	Your partner
Will your employer keep paying you if you are off work because of an illness or disability?	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
Do you get any money for expenses?	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
Does the employer pay any money towards a pension for you?	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
Is the work you do voluntary work?	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> Can you choose whether or not to be paid for the work?  Do you get anything else in return for working? For example, things like accommodation or food.	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> Can your partner choose whether or not to be paid for the work?  Does your partner get anything else in return for working? For example, things like accommodation or food.
Are you self-employed or a sub-contractor?	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> We will send you a form <b>B16</b> to fill in and return to us.	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> We will send you a form <b>B16</b> to fill in and return to us.
<b>Do you work in a specialist occupation?</b> By 'specialist occupation' we mean <ul style="list-style-type: none"> <li>● an auxiliary coastguard</li> <li>● a part-time fire-fighter</li> <li>● a part-time member of a lifeboat crew, or</li> <li>● territorial or reserve forces.</li> </ul>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
<b>Are you involved in a trade dispute?</b> By 'trade dispute' we mean a dispute between you and your employer or ex-employer.	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> We will write to you about this.

Do you know when you will be well enough to work again?

**You**

No ☐

Yes ☐ Tell us when you will be well enough to work.

/  /

Are you going to go back to work?

No ☐

Yes ☐ What date will you go back to work?

/  /

Did you work a night shift which included midnight on the date you last worked?

No ☐

Yes ☐ Please tell us about this below.

/  /  at  am / pm

/  /  at  am / pm

Will you go back to work on a night shift which includes midnight?

No ☐

Yes ☐ Please tell us about this below.

/  /  at  am / pm

/  /  at  am / pm

What date and time will you start the shift?

What date and time will you end the shift?

If you have more than one employer, please tell us about them in **Part 22 Other information**.

Part 6      **About other benefits**

We need to know about any social security benefits you are getting now, or have claimed in the past. We will tell you if they affect your Employment and Support Allowance.

**For example, you must tell us about**

- Attendance Allowance
  - Bereavement Allowance
  - Bereavement Payment
  - Carer’s Allowance
  - Disability Living Allowance
  - Incapacity Benefit
  - Income Support
- Industrial Death Benefit
  - Industrial Injuries Disablement Benefit
  - Jobseeker’s Allowance
  - Maternity Allowance
  - Motability or any other help with mobility problems
  - Pension Credit
- Reduced Earnings Allowance
  - State Pension
  - Severe Disablement Allowance
  - Unemployability Supplement
  - Widow’s Benefit
  - Widowed Mother’s Allowance
  - Widowed Parent’s Allowance

**You must also tell us about any other social security benefits, even if they are not on this list.**

Do not tell us about Housing Benefit or Council Tax Benefit. We will ask you about this later.

**Are you getting or waiting to hear about any social security benefits now?**

**You**

- No ☐ Go to **page 12**.
- Yes ☐ Please tell us about these benefits on **page 11**.

**Your partner**

- No ☐ Go to **page 12**.
- Yes ☐ Please tell us about these benefits on **page 11**.

	Benefit 1	Benefit 2	Benefit 3
<b>Name of the benefit</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Who is getting the benefit?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Reference number</b> You can find this number on letters we have sent about the benefit.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How much is paid?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>How often is it paid?</b>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> Other <input type="text" value="every"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> Other <input type="text" value="every"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> Other <input type="text" value="every"/>
<b>What day is it paid?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How is it paid?</b>	Direct into a bank or building society account <input type="checkbox"/> By cheque <input type="checkbox"/>	Direct into a bank or building society account <input type="checkbox"/> By cheque <input type="checkbox"/>	Direct into a bank or building society account <input type="checkbox"/> By cheque <input type="checkbox"/>
<b>Date of next payment</b>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
<b>Is any money being deducted from the benefit?</b>	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>How much is being deducted?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>What is it being deducted for?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need to tell us about more than 3 benefits, please tell us in **Part 22 Other information**.

**Have you ever claimed Carer’s Allowance?**

Tick **Yes**, even if you were not paid any Carer’s Allowance. This could have been because you were better off getting another social security benefit.

Has the Carer’s Allowance stopped in the last 3 months?

Date of last claim or payment

Name of the person being cared for

Address of the person being cared for

**Does anyone care for you on a regular basis?**

What is their name and address?

Do they get Carer’s Allowance for caring for you? Tick **Yes**, if they have claimed Carer’s Allowance and are waiting to hear about it.

**You**

No ☐

Yes ☐

No ☐

Yes ☐

/

/

Postcode

**Your partner**

No ☐

Yes ☐

No ☐

Yes ☐

/

/

Postcode

No ☐

Yes ☐

Postcode

No ☐

Yes ☐

Postcode

No ☐

Yes ☐

No ☐

Yes ☐



	You	Your partner	Children or qualifying young persons
<p><b>Do you or your partner or any of your children or qualifying young persons who live in your household get Disability Living Allowance?</b></p> <p>We use 'child' to mean a person aged under 16 who you are getting Child Benefit for.</p> <p>We use 'qualifying young person' to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Who gets the allowance?</p> <div></div>
<p>Is the Disability Living Allowance for help with getting around?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> What rate is paid? Lower rate <input type="checkbox"/> Higher rate <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> What rate is paid? Lower rate <input type="checkbox"/> Higher rate <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> What rate is paid? Lower rate <input type="checkbox"/> Higher rate <input type="checkbox"/></p>
<p>Is the Disability Living Allowance for help with personal care?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> What rate is paid? Lowest rate <input type="checkbox"/> Middle rate <input type="checkbox"/> Highest rate <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> What rate is paid? Lowest rate <input type="checkbox"/> Middle rate <input type="checkbox"/> Highest rate <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> What rate is paid? Lowest rate <input type="checkbox"/> Middle rate <input type="checkbox"/> Highest rate <input type="checkbox"/></p>
<p><b>Do you or your partner or any of the children or qualifying young persons who live in your household get</b></p> <ul style="list-style-type: none"> <li>● Attendance Allowance</li> <li>● Motability</li> <li>● War Pension Mobility Supplement, or</li> <li>● other help with mobility problems?</li> </ul>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Who gets the benefit or help?</p> <div></div>

	You	Your partner
Do you get War Widow's or War Widower's Pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Reference number	<div></div>	<div></div>
Are you currently getting Return to Work Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Did you get Return to Work Credit in the last 3 months?	No <input type="checkbox"/> Yes <input type="checkbox"/> Date of the last payment <div>/ /</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> Date of the last payment <div>/ /</div>
Do you get In Work Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/> Date of the last payment <div>/ /</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> Date of the last payment <div>/ /</div>
Is anyone getting, or has anyone just stopped getting, Child Benefit for you?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about them below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about them below.
Their surname	<div></div>	<div></div>
Their other names	<div></div>	<div></div>
Their address	<div></div> <div></div> <div></div> <div>Postcode</div>	<div></div> <div></div> <div></div> <div>Postcode</div>
Their Child Benefit reference number	Numbers <div></div> Letters <div></div>	Numbers <div></div> Letters <div></div>

Have you claimed any other benefits in the last 3 years?

If the claim was turned down, still tick **Yes**.

Name of benefit

Date of last payment

Which benefit office dealt with the claim?

Was your name or address different when you last claimed a benefit?

Full name

Address

When did you move to your present address?

Is anyone getting extra money added to their benefit for you?

You

No ☐

Yes ☐ Tell us the last benefit you claimed below.

/

/

No ☐

Yes ☐ Please tell us about this below.

Postcode

/

/

Your partner

No ☐

Yes ☐ Tell us the last benefit you claimed below.

/

/

No ☐

Yes ☐ Please tell us about this below.

Postcode

/

/

Part 7      **About time spent abroad**

Have you

- worked or claimed benefit, or
- been a member, or in the family of a member of HM Armed Forces

outside the United Kingdom in the last 5 years?

By the ‘United Kingdom’ we mean England, Scotland, Wales and Northern Ireland.

Which countries did you go to, and when?

Please tick the boxes that describe what you did while you were abroad.

Were you abroad because you were in HM Armed Forces?

Were you abroad because someone in your family was in HM Armed Forces?

What is their relationship to you?  
For example, your father or mother.

You	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
<hr/>	
Country	<input type="text"/>
From	To
<input type="text"/>	<input type="text"/>
Country	<input type="text"/>
From	To
<input type="text"/>	<input type="text"/>
<hr/>	
Employed by a foreign employer	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
Employed by a UK employer	<input type="checkbox"/>
Claimed foreign benefit	<input type="checkbox"/>
Claimed UK benefit abroad	<input type="checkbox"/>
<hr/>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
<hr/>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
<hr/>	
<input type="text"/>	

Your partner	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
<hr/>	
Country	<input type="text"/>
From	To
<input type="text"/>	<input type="text"/>
Country	<input type="text"/>
From	To
<input type="text"/>	<input type="text"/>
<hr/>	
Employed by a foreign employer	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
Employed by a UK employer	<input type="checkbox"/>
Claimed foreign benefit	<input type="checkbox"/>
Claimed UK benefit abroad	<input type="checkbox"/>
<hr/>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
<hr/>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
<hr/>	
<input type="text"/>	

	You	Your partner
Are you exempt from paying UK income tax?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Were you abroad for more than one year in total in the 5 years before you stopped paying UK income tax?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Part 8

About statutory payments

We need to know about any statutory payments you are getting from your employer, or have claimed in the past. We will tell you if they affect your Employment and Support Allowance.

For example, you must tell us about

- Statutory Adoption Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Statutory Sick Pay

	You	Your partner
Are you getting or waiting to hear about any statutory payments now?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.
Name of the statutory payment	<input type="text"/>	<input type="text"/>
Who do you get your statutory payment from?	<input type="text"/>	<input type="text"/>
How much money do you get and how often?	£ <input type="text"/> every <input type="text"/> weeks / months	£ <input type="text"/> every <input type="text"/> weeks / months
What day is it paid?	<input type="text"/> day	<input type="text"/> day
Have you ever had a statutory payment in the past?	No <input type="checkbox"/> Go to <b>Part 9 About pensions.</b> Yes <input type="checkbox"/> Please tell us about this below.	No <input type="checkbox"/> Go to <b>Part 9 About pensions.</b> Yes <input type="checkbox"/> Please tell us about this below.
Name of the statutory payment	<input type="text"/>	<input type="text"/>
Who did you get your statutory payment from?	<input type="text"/>	<input type="text"/>
How much money did you get and how often?	£ <input type="text"/> every <input type="text"/> weeks / months	£ <input type="text"/> every <input type="text"/> weeks / months
What day was it paid?	<input type="text"/> day	<input type="text"/> day
If you need to tell us about any other statutory payments, tell us in <b>Part 22 Other information.</b>		

**Are you getting or waiting to get a pension?**

By ‘pension’ we mean

- an occupational pension,
- a personal pension
- a retirement annuity contract, or
- payment from the Armed Forces Compensation Scheme.

**Do not tell us about State Pension here.**

Tick **Yes** if you get

- regular pension payments
- an annual compensation payment from a previous job
- lump sum payments from an occupational or personal pension. These could be paid yearly.
- payments from the Pension Protection Fund
- Financial Assistance Scheme payments.

**Please send us proof of your pension income.** For example

- a letter of entitlement from your employer or the insurance company that pays the pension
- a payment advice notice from your pension provider
- a current wage slip showing details of your pension income.

Send us the original documents. Do not send us photocopies.

**If you do not send proof of pension income, you may lose benefit.**

What type of pension are you getting or waiting to get?

**You**

**No** ☐ Go to **Part 10 About permanent health insurance.**

**Yes** ☐ Please tell us about this below.  
If you have more than one pension, please tell us about them in **Part 22 Other information.**

**Your partner**

**No** ☐ Go to **Part 10 About permanent health insurance.**

**Yes** ☐ Please tell us about this below.  
If your partner has more than one pension, please tell us about them in **Part 22 Other information.**

Personal pension	<input type="checkbox"/>	Personal pension	<input type="checkbox"/>
Occupational, work or employee’s pension	<input type="checkbox"/>	Occupational, work or employee’s pension	<input type="checkbox"/>
Retirement annuity contract	<input type="checkbox"/>	Retirement annuity contract	<input type="checkbox"/>
Public service pension	<input type="checkbox"/>	Public service pension	<input type="checkbox"/>
Pension paid to you as a beneficiary	<input type="checkbox"/>	Pension paid to you as a beneficiary	<input type="checkbox"/>

	You	Your partner
Name and address of your pension provider	<div><div></div><div></div><div></div><div>Postcode</div></div>	<div><div></div><div></div><div></div><div>Postcode</div></div>
Their phone number	<div><div>Code</div><div>Number</div></div>	<div><div>Code</div><div>Number</div></div>
Pension or policy reference number	<div></div>	<div></div>
How much is the pension <b>before</b> any deductions? For example, deductions like income tax.	<div><div>£</div><div>every</div><div>weeks / months / year</div></div>	<div><div>£</div><div>every</div><div>weeks / months / year</div></div>
How much is the pension <b>after</b> any deductions?	<div><div>£</div><div>every</div><div>weeks / months / year</div></div>	<div><div>£</div><div>every</div><div>weeks / months / year</div></div>
How much are the deductions and what are they for?	<div><div>£</div><div>for</div></div> <div><div>£</div><div>for</div></div>	<div><div>£</div><div>for</div></div> <div><div>£</div><div>for</div></div>
When did the pension start or when will it start?	<div><div>/</div><div>/</div></div>	<div><div>/</div><div>/</div></div>
Date of first payment	<div><div>/</div><div>/</div></div>	<div><div>/</div><div>/</div></div>
Will the pension increase?	<div>No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> Date of first payment after the increase<div><div>/</div><div>/</div></div></div>	<div>No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> Date of first payment after the increase<div><div>/</div><div>/</div></div></div>
How much will your pension be after the increase?	<div><div>£</div><div>every</div><div>weeks / months / year</div></div>	<div><div>£</div><div>every</div><div>weeks / months / year</div></div>
Did you choose to take regular income from the pension scheme instead of buying an annuity?	<div>No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> Was this the maximum income you could take?<div>No <input type="checkbox"/></div><div>Yes <input type="checkbox"/></div></div>	<div>No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/> Was this the maximum income you could take?<div>No <input type="checkbox"/></div><div>Yes <input type="checkbox"/></div></div>
Did you inherit your pension?	<div>No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/></div>	<div>No <input type="checkbox"/></div> <div>Yes <input type="checkbox"/></div>



Part 10    **About permanent health insurance**

**Are you waiting to hear about any permanent health insurance payment?**  
If **Yes**, let us know as soon as your permanent health insurance payment has been awarded.

**Do you get a permanent health insurance payment?**  
If you have more than one permanent health insurance payment, please tell us about them in **Part 22 Other information**.

**Please send us proof of your permanent health insurance.** For example

- a letter of entitlement from your employer or the insurance company that pays the permanent health insurance
- a payment advice notice from your permanent health insurance provider
- a current wage slip showing details of your permanent health insurance income.

Send us the original documents. Do not send us photocopies.

**If you do not send proof of your permanent health insurance, you may lose benefit.**

**Name and address of the employer paying the permanent health insurance premiums**

Their phone number

Has your contract of employment ended with this employer?

**Have you contributed more than half the premiums towards any permanent health insurance payment?**

**You**

No ☐  
Yes ☐

No ☐ Go to **Part 11 Education, training and apprenticeship**.  
Yes ☐

Postcode

Code	Number
------	--------

No ☐  
Yes ☐ When did it end?

No ☐  
Yes ☐

**Your partner**

No ☐  
Yes ☐

No ☐ Go to **Part 11 Education, training and apprenticeship**.  
Yes ☐

Postcode

Code	Number
------	--------

No ☐  
Yes ☐ When did it end?

No ☐  
Yes ☐

Part 11      **Education, training and apprenticeship**

**Have you done a course of education, training or apprenticeship in the last 4 years?**  
If you are still doing the course, tick **Yes**.

What was the course?

Name of course, training scheme or apprenticeship

Name and address of school, training centre, college or university

Number of hours a week

Start date and official end date

Do you have a final examination date?

Are you eligible for a student loan or grant?

Are you getting a student loan or grant?

**You**

**No** ☐ Go to **Part 12 Where you live**.

**Yes** ☐ Please tell us about this below.

Education ☐      Apprenticeship ☐

Training ☐

Postcode

hours

from    /    /    to    /    /

**No** ☐

**Yes** ☐ Please tell us the date below.

/  /

**No** ☐

**Yes** ☐

**No** ☐

**Yes** ☐ What is the reference number?

**Your partner**

**No** ☐ Go to **Part 12 Where you live**.

**Yes** ☐ Please tell us about this below.

Education ☐      Apprenticeship ☐

Training ☐

Postcode

hours

from    /    /    to    /    /

**No** ☐

**Yes** ☐ Please tell us the date below.

/  /

**No** ☐

**Yes** ☐

**No** ☐

**Yes** ☐ What is the reference number?

Part 12    **Where you live**

**Do you live with parents, relatives or friends as part of their family?**

Full name of the head of the household

Title

Relationship to you  
For example, parent, friend or relative.

**Do you share the rent or mortgage for the place where you live with anyone else?**  
If you just share with your partner, tick **No**.

**Do you rent your home from a council?**  
Tick **Yes**

- if the council is paying for you to stay in bed and breakfast, or a hotel
- if you do not pay rent because you get Housing Benefit.

**Do you pay a private landlord, landlady or housing association for the place where you live?**  
Tick **Yes** if you

- just pay for the place where you live
- pay for meals as well as the place where you live
- live in a hotel, guest house or hostel.

You	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/> Tell us about this below. Then go to <b>page 25</b> .
<div></div>	
Mr Mrs Miss Ms	Other title <div></div>
<div></div>	

No	<input type="checkbox"/>
Yes	<input type="checkbox"/> Names of the people you share with
<div></div>	

No	<input type="checkbox"/>
Yes	<input type="checkbox"/> Name and address of the council
<div></div>	
<div></div>	
<div></div>	
Postcode	

No	<input type="checkbox"/>
Yes	<input type="checkbox"/> Please tell us their name and address.
<div></div>	
<div></div>	
<div></div>	
Postcode	

Your partner	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/> Tell us about this below. Then go to <b>page 25</b> .
<div></div>	
Mr Mrs Miss Ms	Other title <div></div>
<div></div>	

No	<input type="checkbox"/>
Yes	<input type="checkbox"/> Names of the people you share with
<div></div>	

No	<input type="checkbox"/>
Yes	<input type="checkbox"/> Name and address of the council
<div></div>	
<div></div>	
<div></div>	
Postcode	

No	<input type="checkbox"/>
Yes	<input type="checkbox"/> Please tell us their name and address.
<div></div>	
<div></div>	
<div></div>	
Postcode	

Do you pay any service charges for the place where you live?

For example, cleaning and maintenance of stairs and hallways.

How much do you pay and how often?

Is the place where you live a Crown tenancy or under a long term agreement?

By long term agreement we mean a tenancy agreement which is for more than 21 years.

Are you already getting, waiting to hear about or intending to claim

● Housing Benefit

● Council Tax Benefit?

These benefits do not affect the amount of Employment and Support Allowance you can get.

Did you claim Housing Benefit or Council Tax Benefit with a previous claim for

- Jobseeker’s Allowance
- Income Support, or
- Employment and Support Allowance?

You

No
☐

Yes
☐

£
every
weeks / months / year

If you have any papers about the service charge, please send them to us with this form.

No
☐

Yes
☐

No
☐

Yes
☐

No
☐

Yes
☐

No
☐

Yes
☐
Did you get an extra 4 weeks payment for your rent or council tax when you started work after your previous claim?

No
☐

Yes
☐

Your partner

No
☐

Yes
☐

£
every
weeks / months / year

No
☐

Yes
☐

No
☐

Yes
☐

No
☐

Yes
☐

No
☐

Yes
☐
Did you get an extra 4 weeks payment for your rent or council tax when you started work after your previous claim?

No
☐

Yes
☐

## What to do now

### If you are claiming contribution-based Employment and Support Allowance or Employment and Support Allowance in Youth

If you are sure you do not want to claim income-related Employment and Support Allowance, go to **Part 20 How we pay you**.

If you are not sure, read the **Notes** at the front of this form to help you decide.

If you are still not sure, claim anyway. Please answer all the questions on the form that apply to you and your partner, if you have one.

If you do not claim income-related Employment and Support Allowance now, but then ask for it at a later date, we will normally only pay it from that later date.

### If you are claiming income-related Employment and Support Allowance

If you ticked **Yes** on **page 1** to claim income-related Employment and Support Allowance, we need more information. Please go to **Part 13 About children and qualifying young persons**.

Part 13    **About children and qualifying young persons**

**Do you have any children or qualifying young persons living permanently in your household who are dependent on you?**

- Do not include
- foster children
  - children or qualifying young persons who are boarded out with you while they wait to be adopted.

**No** ☐ Go to **Part 14 About bank and building society accounts, savings and property.**

- Yes** ☐ Please tell us about these children or qualifying young persons below.
- We use ‘child’ to mean a person aged under 16 who you are getting Child Benefit for.
  - We use ‘qualifying young person’ to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

Children or qualifying young persons living permanently in your household who are dependent on you			Relationship to you		Relationship to your partner	Are you getting or have you claimed Child Benefit for this child or qualifying young person?	Does the child or qualifying young person have a parent or parents who live somewhere else?	
Surname	Other names	Date of birth	Male or female M F		For example, son, daughter, niece, grandson, stepdaughter or none			
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

- Tell us in **Part 22 Other information**
- if you have more than 8 children or qualifying young persons
  - if you have any children or qualifying young persons who normally live with you but are in boarding school or local authority care.

If you have told us about a child or qualifying young person who has a parent who lives somewhere else, ask for a leaflet about child maintenance options if you are claiming benefits. You can get it from Jobcentre Plus.

**We need to know about savings that you or your partner have.**  
By 'savings' we mean all money, savings, investments and property in the United Kingdom (UK) or abroad which belong to you or your partner.  
By the 'UK' we mean England, Scotland, Wales and Northern Ireland.

**Do you or your partner have any of the following?**  
Please tick **No** or **Yes** for every item in the list.  
Tell us about accounts even if they are not in credit.

**You and your partner**

	No	Yes	Amount		Number of units	Issue number	Purchase price
Bank accounts, including current accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				
Building society accounts, including current accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				
Post Office® accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				
National Savings & Investments accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				
National Savings Certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		<input type="text"/>	<input type="text"/>	<input type="text" value="£"/>
Premium bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		<input type="text"/>	<input type="text"/>	<input type="text" value="£"/>
					Number of units	Name	
Income Bonds or Capital Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		<input type="text"/>	<input type="text"/>	
Unit trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				
ISAs, PEPs and other investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				
Government Stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				
Money or property held in trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				
Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				
A lump sum personal injury payment in last 52 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>		Date you got the payment	<input type="text" value="/ /"/>	
Insurance for repairs or possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				
Money from the sale of a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="£"/>				

**Do you or your partner have any of the following?**  
Please tick **No** or **Yes** for every item in the list.  
Tell us about accounts even if they are not in credit.

**You and your partner**

**No   Yes   Amount**

Money set aside for essential repairs	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Outstanding money from the Social Fund	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Other money from benefits owed to you	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
World War II compensation payment	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Far Eastern Prisoners of War compensation payment	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
State Pension lump sum	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Money from a trust fund	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
<b>Do not tell us about payments from</b> The Macfarlane Trust The Eileen Trust The Skipton Fund, or London Bombings Relief Charitable Fund			
Any other money	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

Shares	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Number of shares <input type="text"/>	Name of company <input type="text"/>
Please tell us about any other shares in					

**Part 22 Other information.**

**How much are the savings worth in total?**  
Add together all the amounts from **pages 27**  
**and 28** to work this out.

£

**Do you and your partner's savings add up to  
£5,500 or more?**

**No** ☐

**Yes** ☐ **Please send us proof of your savings with this form.** For example, a recent bank statement or a savings book updated within the last month.

**Have your savings been more than £5,500  
during the last 6 months?**

**No** ☐

**Yes** ☐ **Please send us proof of your savings with this form.** For example, a recent bank statement or a savings book updated within the last 6 months.



Do you live in a care home?

No ☐

Yes ☐ Do you and your partner's savings add up to £9,500 or more?

No ☐

Yes ☐ **Please send us proof of your savings with this form.** For example, a recent bank statement or a savings book updated within the last month.

**Apart from the home you live in, do you or your partner own or jointly own any other property or land in the UK or abroad?**

No ☐

Yes ☐ What is it? Property ☐  
Land ☐

Tick **Yes** if the property or land is  
 ● on a mortgage or loan, **or**  
 ● jointly owned.

What is the address of the property or land?

Postcode

What is the property or land currently used for?

--

What was the original purpose for buying it?

--

Who does this property or land belong to?

--

Is the property or land up for sale?

No ☐

Yes ☐

**Have you or your partner sold any property other than where you lived during the last 6 months?**

No ☐

Yes ☐ Please send us proof of the sale of this property or land.

Part 15    **About other money coming in**

We need to know if you or your partner have any other money coming in.

For example, you must tell us about

- fostering fees or allowances
  - prison discharge grant
  - any training allowance – for example, from
    - New Deal
    - Work-Based Learning in Wales
    - Training for Work
    - Work-Based Training for Young People or Skillseekers in Scotland.
- Guardian's Allowance
  - Child Benefit
  - Child Tax Credit
  - Working Tax Credit
  - War Pension
  - War Widow's, or Widower's, Pension
  - payments from the Pension Protection Fund
  - Financial Assistance Scheme payments
- sick pay from an employer
  - benefits, allowances and pensions not from social security
  - student grants or loans
  - money from a mortgage protection policy
  - money from a charity or benevolent fund
  - any other money coming in.

Do you, your partner or anyone else you are claiming Employment and Support Allowance for, have any other money coming in?

No ☐

Yes ☐ Please tell us about this below.

Money 1

Who gets this money?

Where does the money come from?

How much money do they get and how often?

£                      every                      weeks / months

What day is it paid?

day

Money 2

Who gets this money?

Where does the money come from?

How much money do they get and how often?

£                      every                      weeks / months

What day is it paid?

day

If you need to tell us more about any other money coming in, please tell us in **Part 22 Other information**.

You must send us proof of any other money coming in.

For example

- a statement from the person or company that pays the money
- a court order
- payslips, or
- a full bank statement showing the amount and how often it is paid.

**Does anyone owe any money to you, your partner or anyone else you are claiming Employment and Support Allowance for?**

This might be for things like

- arrears of maintenance, or
- money lent to someone.

No ☐

Yes ☐ Please tell us about this below.

	Money 1	Money 2
Who is owed this money?	<input type="text"/>	<input type="text"/>
How much money are they owed?	£ <input type="text"/>	£ <input type="text"/>
What is this money owed for?	<input type="text"/>	<input type="text"/>
When do you expect the money to be paid back?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Do you, your partner or anyone else you are claiming Employment and Support Allowance for, get maintenance payments?**

Tell us about maintenance paid

- voluntarily
- because of a written agreement
- because of a court order, or
- because of a child maintenance assessment.

No ☐

Yes ☐ Please tell us about this below.

	Money 1	Money 2
Who gets this money?	<input type="text"/>	<input type="text"/>
Who is this money for?	<input type="text"/>	<input type="text"/>
Who is paying you this money?	<input type="text"/>	<input type="text"/>
How much money do you get and how often?	£ <input type="text"/> every <input type="text"/> weeks / months	£ <input type="text"/> every <input type="text"/> weeks / months
What day is it paid?	<input type="text"/> day	<input type="text"/> day

You must send us proof of this money. For example, a bank statement or a letter from the person who pays you showing the amount and how often it is paid.

Part 15    **About other money coming in** continued

**Do you or your partner get any payments from a credit insurance policy?**

No ☐

Yes ☐ Please tell us about this below.

What items, if any, were bought using the credit that you had?

Which of these items are covered by the insurance policy?

Who does the insurance company make the payments to?

Direct to the supplier ☐

To you or your partner ☐

To the credit company ☐

How much is paid and how often?

£                      every                      weeks / months

When did the payments start?

/   /

When will the payments end?

/   /

You must send us full details of what the insurance company has paid you.

If you need to tell us more about any other money coming in, please tell us in **Part 22 Other information**.

**Do you or your partner hold any bank accounts, investments or property, in this country or abroad, which belongs to someone else?**

No ☐

Yes ☐ Are these bank accounts, investments or property in your or your partner's name?

No ☐

Yes ☐ Please tell us about them in **Part 22 Other information**.

**Does anyone pay you, your partner,  
or anyone else you are claiming  
Employment and Support Allowance for,  
to rent rooms or property?**

For example, boarders, lodgers, tenants  
and subtenants.

No ☐

Yes ☐ Please tell us about this below.

Who pays the rent?

Rent 1

Who do they pay?

How much do they pay?

£

every

weeks / months / year

What day do they pay it?

day

Tick here if the money they pay includes  
any money for heating or meals.

Heating ☐

Meals ☐

Rent 2

£

every

weeks / months / year

day

Heating ☐

Meals ☐

Part 16

About other people who live with you

We need to know about any other people who live in the same household as you.

We need this information to make sure we work out your housing costs correctly.

Please tell us about

- children or qualifying young persons who live in your household
- relatives, if they live in **your** household
- boarders and lodgers
- friends
- anyone else who lives in your household.

Do not tell us about

- members of your immediate family, if you live with them in **their** household
- people who just share a hall or bathroom or toilet with you, or who live in a separate flat or bedsit in the same house
- other residents, if you live in a care home
- foster children, or children or qualifying young persons boarded out with you while they wait to be adopted.

Do any other people live in your household who you have not already told us about?

If you need to tell us about more than 4 people, please tell us in **Part 22 Other information**.

Full name

Title

Date of birth

Relationship to you

Do they work for 16 hours or more a week?

No ☐ Go to **Part 17 Owning your home**.

Yes ☐ Please tell us about these people.

Person 1

Mr Mrs Miss Ms

Other title

/

No ☐

Yes ☐

Person 2

Mr Mrs Miss Ms

Other title

/

No ☐

Yes ☐

Person 3

Mr Mrs Miss Ms

Other title

/

No ☐

Yes ☐

Person 4

Mr Mrs Miss Ms

Other title

/

No ☐

Yes ☐

We need to know if any of the people living with you have any money coming in.

You do not have to answer these questions. But if they do not have much money coming in, you may get more Employment and Support Allowance.

Tell us about

- earnings
- social security benefits
- any other money they have coming in.

If they have earnings, tell us the amount before tax, National Insurance and any other money has been taken off.

Do not tell us about

- the Macfarlane Trust
- the Fund
- the Skipton Fund
- the Eileen Trust
- the Independent Living Fund.

	Person 1	Person 2
Do they have any money coming in?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Where does the money come from? This could be wages, a pension or benefits.	<input type="text"/>	<input type="text"/>
How much is coming in and how often?	<input type="text"/> £ every <input type="text"/> weeks / months / year	<input type="text"/> £ every <input type="text"/> weeks / months / year
Does this person usually live with you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If No, where do they usually live?	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>Postcode</div>	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>Postcode</div>
When did this person start to live with you?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you know when this person will stop living with you?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will they stop living with you? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When will they stop living with you? <input type="text"/> / <input type="text"/> / <input type="text"/>

	Person 3	Person 4
Do they have any money coming in?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Where does the money come from? This could be wages, a pension or benefits.	<div></div>	<div></div>
How much is coming in and how often?	<div>£ every weeks / months / year</div>	<div>£ every weeks / months / year</div>
Does this person usually live with you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If No, where do they usually live?	<div></div> <div></div> <div></div> <div>Postcode</div>	<div></div> <div></div> <div></div> <div>Postcode</div>
When did this person start to live with you?	<div>/ /</div>	<div>/ /</div>
Do you know when this person will stop living with you?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will they stop living with you? <div>/ /</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> When will they stop living with you? <div>/ /</div>
Are any of these people you have told us about ● married to each other or living together as if they are married, or ● civil partners or living together as if they are civil partners? We call these people ‘partners’.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about them. <div>is the partner of</div> <div>is the partner of</div>	
If you need to tell us about more than 4 people, please tell us in <b>Part 22 Other information</b> .		



Part 17    **Owning your home**

**Do you or your partner own your own home?**  
If the home is on a mortgage or loan, or if it is leasehold or freehold, tick **Yes**.

**No** ☐ Go to **Part 18 Living in a care home**.  
**Yes** ☐

Make sure you fill in form **HCTB1** to claim Council Tax Benefit and send it to the council.

**Do you or your partner have a mortgage or loan on your home?**

**No** ☐  
**Yes** ☐

Whose name is the mortgage or loan in?    Yours ☐    Your partner's ☐    Both ☐

Is the mortgage or loan secured on your home?    **No** ☐  
    **Yes** ☐

When was it taken out?    

/ /

Is the mortgage or home loan for anything apart from buying the place where you live?  
For example, a piece of land, a car, home improvements or repairs.  
**No** ☐  
**Yes** ☐ Please tell us what it is for.

**Do you or your partner have a second mortgage, a home improvement loan or a loan for repairs?**

**No** ☐  
**Yes** ☐

Whose name is the mortgage or loan in?    Yours ☐    Your partner's ☐    Both ☐

Is the mortgage or loan secured on your home?    **No** ☐  
    **Yes** ☐

When was it taken out?    

/ /

Is the mortgage or home loan for anything apart from buying the place where you live?  
For example, a piece of land, a car, home improvements or repairs.  
**No** ☐  
**Yes** ☐ Please tell us what it is for.

Was your original mortgage taken out before October 1995? **No** ☐

**Yes** ☐ Please tell us about this below.

**Original mortgage**

**Remortgage or home loan 1**

**Remortgage or home loan 2**

Who was the mortgage or home loan lender?

Whose name was the mortgage or home loan in?

When was it taken out?  /  /

/  /

/  /

Which address was this mortgage or home loan for?   
 Current address ☐   
 Previous address ☐

Current address ☐   
 Previous address ☐

Current address ☐   
 Previous address ☐

If you or your partner have more than 2 remortgages or home loans, please tell us in **Part 22 Other information**.

Do you or your partner have an insurance policy to pay the mortgage or home loan if you become unemployed or ill? **No** ☐   
 **Yes** ☐ Have you made a claim on the insurance policy?

**No** ☐   
 **Yes** ☐

Is any part of the place where you live rated as a business? **No** ☐   
 **Yes** ☐

Do you or your partner pay ground rent? **No** ☐

**Yes** ☐ How much is paid and how often? £  every  weeks / months / year

Please send us proof of your ground rent. For example, your tenancy agreement.

Is your or your partner's home leasehold? **No** ☐

**Yes** ☐ When the lease was first granted, was it for more than 21 years? **No** ☐   
 **Yes** ☐

How many rooms are there in your home?   
 Do not count the kitchen, hall, bathroom or toilet.  rooms

Part 18    **Living in a care home**

	You	Your partner
Do you or your partner live in a care home?	No <input type="checkbox"/> Please go to <b>Part 19</b> . Yes <input type="checkbox"/>	No <input type="checkbox"/> Please go to <b>Part 19</b> . Yes <input type="checkbox"/>
Are you or your partner paying for this care out of your savings?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner living in a care home temporarily?	No <input type="checkbox"/> Yes <input type="checkbox"/> How long do you expect to stay? <div><div></div></div>	No <input type="checkbox"/> Yes <input type="checkbox"/> How long do you expect to stay? <div><div></div></div>
Are your friends or family paying for this care?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Did you or your partner ever own your home before you moved to where you live now?	No <input type="checkbox"/> Please go to <b>Part 19</b> . Yes <input type="checkbox"/>	
Who owned the home?	You <input type="checkbox"/> Your partner <input type="checkbox"/> Both of you <input type="checkbox"/>	
Has it been sold?	No <input type="checkbox"/> Yes <input type="checkbox"/> When was it sold? <div><div></div> / <div></div> / <div></div></div> How much was it sold for? <div>£ <div></div></div>	
If it has not been sold, does anyone live there?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.	

**Have you separated from a person who used to be your partner in the last 6 months?**

If you need to tell us about more than one person, please tell us about them in **Part 22**

**Other information.**

Surname

Other names

Address

Date of birth

National Insurance number,  
if you know it

When did you separate?

Is this separation temporary?

Has this person gone abroad?

**You**

**No** ☐ Go to **page 42**.

**Yes** ☐ Please tell us about this below.

Postcode

/

/

Letters

Numbers

Letter

/

/

**No** ☐

**Yes** ☐ Please tell us about this below.  
For example, the reason for the separation  
and how long you expect it to last.

**No** ☐

**Yes** ☐ Have they gone abroad  
permanently?

**No** ☐

**Yes** ☐

**Your partner**

**No** ☐ Go to **page 42**.

**Yes** ☐ Please tell us about this below.

Postcode

/

/

Letters

Numbers

Letter

/

/

**No** ☐

**Yes** ☐ Please tell us about this below.  
For example, the reason for the separation  
and how long you expect it to last.

**No** ☐

**Yes** ☐ Have they gone abroad  
permanently?

**No** ☐

**Yes** ☐

Will the person who used to be your partner keep paying anything towards the rent or mortgage, or any household bills?

No ☐  
Yes ☐ Please tell us about this below.

	Payment 1	Payment 2	Payment 3	Payment 4
What is this payment for?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you expect to get?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
When will you get this payment?	<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"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often will this be paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need to tell us about more payments, please use the space under **Part 22 Other information**.

If the person who used to be your partner is still paying towards your mortgage, who do they make payments to?

To you ☐  
Direct to your lender ☐

Has the person who used to be your partner stopped paying you money?

No ☐  
Yes ☐ Please tell us about the last payment you received.

What was this payment for?	<input type="text"/>
How much did you get?	£ <input type="text"/>
When was this paid?	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Everyone must answer these questions, if you do not your claim may be delayed.**

By the *United Kingdom* we mean England, Scotland, Wales and Northern Ireland.

	You	Your partner
<b>If a UK national, do you or your partner have the right of abode in the UK?</b> For example, you have the right of abode in the UK if you are a British citizen. By the <i>right of abode</i> we mean you <ul style="list-style-type: none"> <li>are free from immigration control, <b>and</b></li> <li>do not need the permission of an immigration officer to enter the UK, <b>and</b></li> <li>can live and work in the UK without restriction.</li> </ul>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>At any time, have you or your partner come to live or returned to live in the United Kingdom (UK) from abroad?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	Please tell us about this below. And please send passport or immigration documents for the people you tell us about below with this form. Or you can bring the passport or documents to your local Jobcentre Plus.  You can find the phone number and address on the advert in the business numbers section of the phone book. Look under <b>Jobcentre Plus</b> .
What is your nationality?	<input type="text"/>	<input type="text"/>
Which country have you come from?	<input type="text"/>	<input type="text"/>
What date did you last come to the UK?	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
Was this to work in the UK ?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has the Home Office put a limit on how long you can stay in the UK?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	Person 1	Person 2
Does your passport say <b>no recourse to public funds</b> ?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you have lived in the UK before, when did you last leave the UK?	<div></div> / <div></div> / <div></div>	<div></div> / <div></div> / <div></div>
Have you or your partner come to the UK under the Family Reunion Scheme?	No <input type="checkbox"/> Please go to the next question. Yes <input type="checkbox"/> Please go to the next page.	
Have you or your partner come to the UK under a sponsorship undertaking? A 'sponsorship undertaking' is a form that a relative must sign to say that they will pay for your living expenses if you settle in the UK. You can find out more by visiting <b>www.ukvisas.gov.uk</b> A sponsorship undertaking is not the same as the Family Reunion Scheme.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.	
Who is being sponsored?	<div></div>	
Name of the sponsor	<div></div>	
Address of the sponsor	<div></div> <div></div> <div></div> <div>Postcode</div>	
Home Office reference number	<div></div>	
What date did the sponsor sign the sponsorship undertaking?	<div></div> / <div></div> / <div></div>	
If more than one sponsor signed the sponsorship undertaking, please tell us about them in <b>Part 22 Other information</b> .		
We may get in touch with you for more information.		

Please answer all of these questions, even if you think they do not apply to you.

	You	Your partner
Are you or your partner an asylum seeker?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Did you first apply for asylum before 3 April 2000?	No <input type="checkbox"/> If you are still an asylum seeker, you will not usually be entitled to benefit. But you may be entitled to get help from the Home Office. Yes <input type="checkbox"/> Send us proof of the asylum application with this form. Or you can bring the proof to your local Jobcentre Plus.	No <input type="checkbox"/> If you are still an asylum seeker, you will not usually be entitled to benefit. But you may be entitled to get help from the Home Office. Yes <input type="checkbox"/> Send us proof of the asylum application with this form. Or you can bring the proof to your local Jobcentre Plus.
Have you or your partner recently had a successful decision on your asylum application?	No <input type="checkbox"/> Yes <input type="checkbox"/> Send us proof of the decision with this form. Or you can bring the proof to your local Jobcentre Plus.	No <input type="checkbox"/> Yes <input type="checkbox"/> Send us proof of the decision with this form. Or you can bring the proof to your local Jobcentre Plus.
What was the date when you got the successful decision of your asylum application?	<div></div> / <div></div> / <div></div>	<div></div> / <div></div> / <div></div>
Have you or your partner been supported by the Home Office while waiting for a decision on your asylum application?	No <input type="checkbox"/> Please go to <b>Part 20</b> . Yes <input type="checkbox"/> Send us details of any support given to you by the Home Office. For example, a letter from the Home Office which tells us about these things.	No <input type="checkbox"/> Please go to <b>Part 20</b> . Yes <input type="checkbox"/> Send us details of any support given to you by the Home Office. For example, a letter from the Home Office which tells us about these things.



## Part 20    **How we pay you**

### **We normally pay your money into an account.**

Many banks and building societies will let you collect your money at the post office.

We will tell you when we will make the first payment and how much it will be for.

We will tell you if the amount we pay into the account is going to change.

### **Finding out how much we have paid into the account**

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

### **If we pay you too much money**

We have the right to take back any money we pay that you are not entitled to. This may be because of the way the system works for payments into an account.

For example, you may give us some information, which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

### **We will contact you before we take back any money.**

## **What to do now**

- Tell us about the account you want to use on the next page. By giving us your account details you
  - agree that we will pay you into an account, and
  - understand what we have told you above in the section **If we pay you too much money.**
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account, please contact us and we will give you more information.

---

**Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.**

About the account you want to use

- You can use an **account in your name**, or a **joint account**.
- You can use **someone else’s account** if
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a **credit union account**. You must tell us the credit union’s account details. Your credit union will be able to help you with this.
- If you are an **appointee** or a **legal representative** acting on behalf of the customer, the account should be in your name only.

Please tell us your account details below.

It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

Full name of bank or building society

Sort code

Please tell us all 6 numbers, for example: 12-34-56.

Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

Part 21      **Post office details**

**Please give details of your local post office.**  
We still need post office details even if your money is paid into an account.

Postcode

Part 22      **Other information**

**Please use this space to tell us anything else you think we might need to know.**

- If there is not enough space, please use a separate sheet of paper. Make sure that you
- tell us who the information is about, **and**
  - put your full name and National Insurance number on each sheet of paper, **and**
  - sign and date each sheet that you use.

Part 23 **Filling in the form for someone else**

Are you filling in this form for someone else?

No ☐ Please go to **Part 24 Declaration**.

Yes ☐ Please tell us about yourself below.

Surname

Other names

Any other surnames you have been known by

Title 

Mr Mrs Miss Ms

 Other title

Date of birth

National Insurance number  
You can get this from payslips or from tax papers.

Letters Numbers Letter

Address   
  
  
 Postcode

Home phone number 

Code Number

Daytime phone number, if different 

Code Number

work ☐ mobile ☐ fax ☐

Are you signing this form for someone else?

No ☐ Please go to **Part 24 Declaration**.

Yes ☐ Even though you can fill in this form for another adult, they must still sign it themselves unless one or more of the following apply. Tick one of the boxes below.

I am signing this form on their behalf because

I have Power of Attorney for them.

☐ Please send us your power of attorney document or certified copy with this claim form. Remember to sign the **Declaration at Part 24**.

I am a receiver or deputy for them under a Court of Protection Order, or in Scotland a tutor, curator or guardian appointed in terms of the law.

☐ Please send us the relevant document or certified copy with this claim form. Remember to sign the **Declaration at Part 24**.

The Department for Work and Pensions has already appointed me to get their benefits and to deal with letters about their benefits.

☐ We will send all letters about this claim directly to you.

They cannot manage their own affairs because of a mental illness or a mental disability.

☐ We will get in touch with you about this. The Department for Work and Pensions may appoint you to get their benefits and to deal with letters about their benefits.

They are so ill or disabled they find it impossible to sign for themselves.

☐ We will get in touch with you about this.

If the person does not know you are signing this form for them, please tell us why.

## Part 24 **Declaration**

Please read the **Notes** at the front of this form, and the text below.  
Then sign and date the form at the bottom of this page.

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe and I have included all my income and savings.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
- **I agree** that
  - the Department for Work and Pensions
  - any approved health care professional advising the Department
  - any organisation with which the Department has a contract for the provision of medical servicesmay ask any of the people or organisations mentioned on this form for any information which is needed to deal with
  - this claim for benefit
  - any request for this claim to be looked at again and that the information may be given to that approved health care professional or organisation or to the Department.

- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
  - the benefit I am claiming
  - any other benefit I have claimed
  - any other benefit I may claim in the future.
- **I agree** to my doctor, or any doctor treating me, being informed about the Secretary of State's determination on
  - limited capability for work.
  - limited capability for work related activity, or
  - both.

**This is my claim for Employment and Support Allowance.**

**Signature**

**Date**

/ /

**Please tick this box if someone filled in this form for you.**

☐

Under sections 111A and 112(1A) of the Social Security Administration Act 1992 it is an offence to fail to notify a change of circumstances promptly.

Failure to tell us about a change in your circumstances promptly may result in action being taken against you.

## Part 25 **What to do now**

- Check** that you have answered all the questions on this form that apply to you and your partner, if you have one.
- Check** that you have given us ALL your account details in **Part 20 How we pay you** if you want to be paid directly into your account.
- Check** that you have signed and dated this form.
- Check** that you have sent us all the documents we have asked for. Use the checklist below.

### **Proof of identity**

It is important that we can be sure of your identity when you claim Employment and Support Allowance. We may need to ask you more questions about this. We may also need to see official documents that help prove your identity.

A National Insurance number is not proof of identity.

Even if you do not have all the documents we ask for, **send this form back to us straight away**. Send us the documents you do not have later.

**You may lose benefit if you do not provide original documents within one month of the date that your claim form was sent to you.**

**You**  
**Partner**

### **Claim form**

- ☒ ☒ this Employment and Support Allowance claim form

### **About you and your partner**

- ☐ ☐ any passports or immigration documents we have asked for
- ☐ ☐ any proof we have asked for about an asylum application

### **About money**

- ☐ ☐ any papers about
- redundancy payments
  - lump sum payments
- ☐ ☐ proof of savings over £5,500 including any National Savings Certificates and share certificates
- ☐ ☐ proof of savings over £9,500, if you or your partner live in a care home
- ☐ ☐ proof of any pension income you have told us about
- ☐ ☐ proof of any payments from a credit insurance policy
- ☐ ☐ any proof we have asked for about any other money coming in

**You**  
**Partner**

### **About illness or disability**

- ☐ ☐ Medical statements
- ☐ ☐ form **SSP1**
- ☐ ☐ **DS1500 Report**

### **About work, education or training**

- ☐ ☐ the last 5 weekly payslips or last 2 monthly payslips, if you or your partner are still working
- ☐ ☐ form **P45**
- ☐ ☐ discharge papers if you have just left HM Forces
- ☐ ☐ discharge papers if you have just left prison
- ☐ ☐ full details of any education or training courses or apprenticeships

Part 26    **Where to send your form and documents**

Send this form and any documents we have asked for in the enclosed envelope.

Part 27    **What happens next**

- If you are entitled to Employment and Support Allowance we will write to tell you how your benefit has been worked out and how you will be paid.
- If you are not entitled to Employment and Support Allowance we will write to tell you why and what to do if you disagree with the decision.
- If you have claimed Housing Benefit or Council Tax Benefit, your local council will get in touch with you.
- We will not be able to deal with your claim and may have to send your claim form back to you if
  - you have not answered all the questions on this form that apply to you and your partner, if you have one, or
  - you have not provided all the documents we have asked for.

**For our use**

**Declaration**

**The answers I have given** to the questions on this form have been read back to me.  
I agree they are correct and complete as far as I know and believe.

Customer's signature

Date

/   /

Interviewing officer's name

Interviewing officer's signature