

# Claim Form for Second Adult Rebate



To make a claim for this benefit you must be the only person liable to pay Council Tax. If you have a partner you cannot claim this benefit unless at least one of you is disregarded for Council Tax purposes.

| Section One. About you                                   |               |
|--|---------------|
| Name   |               |
| Address  |               |
| Date of Birth  |               |
| National Insurance number (We need to see proof of this) |               |
| E-Mail Address   |               |
| Your daytime phone number                                | Mobile Number |

## Section 2 - About other people that live in your home

Please give full details of the income of all other persons aged 18 or over who live in your home. For the purposes of this application they are known as "Second Adults".

| Name | Relationship to you e.g. son, daughter, tenant, boarder | Date of birth | National Insurance number (optional) | On JSA (IB), Income Support or Pension Credit (Guarantee)?<br><br>Tick ✓ as appropriate | If working, please state Gross Weekly Pay (before stoppages) | Other Income<br>This includes any Benefits and interest from savings and investments.<br><br>Please specify type and amount |        |
|------|---|---------------|--------------------------------------|---|--|---|--------|
|      |   |               |                                      |   |  | Type  | Amount |
|      |   |               |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/>                                | £  |   | £      |
|      |   |               |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/>                                | £  |   | £      |
|      |   |               |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/>                                | £  |   | £      |
|      |   |               |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/>                                | £  |   | £      |

## Section 3. Your declaration

Please read this declaration carefully before you sign and date it. I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me.
- I **must let the Council know about any changes in my circumstances or those of my second adult** which might affect my claim.
- I **declare** the information I have given on this form is correct and complete.

|                              |      |     |
|------------------------------|------|-----|
| Signature of Person claiming | Date | / / |
|------------------------------|------|-----|

### Proof required

We need to see proof of your National Insurance Number and identity. We also need to see proof of your second adults' income and capital. We can only accept original documents not photocopies. Bring them to one of our customer centres. We will get the information we need and give the documents back to you. Please ensure that you ask for a receipt.

|   |  |  |
|---|--|--|
| <b>This form should be returned to</b><br>Benefits Section<br>Level Three Civic Centre<br>Pontypool NP4 6YB | Alternatively it can be handed into one of our customer centres in Pontypool, Cwmbran, Trevechin or Blaenavon. | <b>For further information please contact our Customer Care Team on</b><br><b>01495 766349 or 01495 766430</b> |
|---|--|--|