

Even if someone else has filled this in for you, you must sign this declaration if you can. If you have a partner, they must sign the declaration as well.

Read the declaration carefully before you sign and date it.

- I declare** that the information I have given on this form is correct and complete.
- I understand** that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I agree** that you will use the information I provide to work out housing benefit or council tax benefit, or both. You may check the information with other sources as allowed by law.
- I understand** you may use any information I provide in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- I agree** to tell Leicester City Council's revenues and benefits service immediately, in writing, about any change in my circumstances that might affect my claim.
- I have read** the guidance notes page and I know the type of information I must report and that I should not rely on anyone else to pass information to the benefits service.
- I know** that if I do not report any changes affecting my benefit, or I give incorrect or incomplete information, I must repay any resulting overpayment.

**Signature of person claiming** \_\_\_\_\_ **Date** \_\_\_\_\_  
Partner's signature \_\_\_\_\_ **Date** \_\_\_\_\_  
Name in capital letters \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

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**If someone other than the person claiming has filled in this form, please tell us why you are filling in the form for them.**

\_\_\_\_\_  
\_\_\_\_\_

**I declare** that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form \_\_\_\_\_  
**Signature of the person** \_\_\_\_\_  
**Relationship to the person claiming** \_\_\_\_\_