





### Household debt

Do you have any council tax arrears? Yes  No

If 'Yes', how much do you owe? £.....

Have you made an arrangement to pay these arrears? Yes  No

Do you pay a mortgage? Yes  No

Are you up to date with your mortgage payments? Yes  No

If 'No', how much do you owe? £.....

**[provide proof]**

Do you pay rent for your home? Yes  No

If you have moved home within the last 12 months, please explain why you moved to your current address:

Do you have rent arrears? Yes  No

If 'Yes', how much do you owe? £.....

**[provide proof]**

If you do not have any arrears, please explain how you have met your rent or council tax shortfall so far:

Have you asked your landlord to accept less rent? Yes  No

If Yes and your landlord has refused, what reason have they given?

Has your landlord served a Notice of Seeking Possession Order? Yes  No

**[provide proof]**

Please provide details of any other debts you may have (loans, credit card debts and so on):

Have you sought advice on how to deal with these debts? Yes  No

If 'Yes' –who did you contact and what was their advice?

### Family circumstances

Is anyone in your household unable to share a bedroom due to a medical need? Yes  No

Is anyone who normally lives in your household a member of the armed forces? Yes  No

Are you a registered foster carer who needs additional bedrooms? Yes  No

Are you currently fostering and have a child or children at your property? Yes  No

Please confirm the date of your last placement: .... /... /.....

Has your property been adapted for your household's disabled needs? Yes  No

If 'Yes', please give full details and **provide proof**, for example a letter from your landlord:

Does anyone in your household need a regular carer who does not live with you? Yes  No

### Alternative accommodation

Have you applied for alternative accommodation? Yes  No

If 'Yes', please give details. If No, please explain why:

Are you registered with Leicester HomeChoice? Yes  No

If 'Yes', are you actively bidding on alternative properties? Yes  No

If you have exceptional reasons why you cannot move, for example severe illness or recent bereavement, please explain them here and **provide proof** of your circumstances:

# Please list your weekly spending and income

## Household debt

Do you have arrears of Council Tax?

Yes  No

Spending	How much?	How often?	Income	How much?	How often?														
Rent	£		Universal credit housing element	£															
Arrears payment of rent	£		Income support	£															
Mortgage protection	£		Jobseekers allowance	£															
Council tax payments	£		Employment support allowance	£															
Arrears of council tax payments	£		Net wages (self)	£															
Food bills	£		Net wages (partner)	£															
School meals	£		Self-employed earnings	£															
Housekeeping bill	£		Child benefit	£															
Household goods (furniture)	£		Child tax credit	£															
Fuel (electricity, gas, other fuels)	£		Working tax credit	£															
Arrears of fuel bills actually made	£		State pension	£															
Water rates	£		Private pension	£															
Telephone/internet	£		Disability living allowance	£															
Mobile only	£		Personal independence payment	£															
TV licence/rental	£		Attendance allowance	£															
Home/contents insurance	£		Incapacity benefit	£															
Endowment/life insurance	£		Pension guarantee credit	£															
Travel	£		Pension savings credit	£															
Road tax/car insurance	£		Maintenance received	£															
Petrol/oil	£		Contributions from children at home	£															
Car servicing	£		Contributions from other residents	£															
Clothing	£		Any other income	£															
Loans/fines/hire purchase	£			£															
Credit card payments	£		<b>What savings do you have?</b> <table border="1"> <tr> <td>Bank accounts</td> <td>£</td> </tr> <tr> <td>Building society</td> <td>£</td> </tr> <tr> <td>ISAs</td> <td>£</td> </tr> <tr> <td>Shares</td> <td>£</td> </tr> <tr> <td>Premium bonds</td> <td>£</td> </tr> <tr> <td>Value of other properties owned</td> <td>£</td> </tr> <tr> <td>Any other savings</td> <td>£</td> </tr> </table>			Bank accounts	£	Building society	£	ISAs	£	Shares	£	Premium bonds	£	Value of other properties owned	£	Any other savings	£
Bank accounts	£																		
Building society	£																		
ISAs	£																		
Shares	£																		
Premium bonds	£																		
Value of other properties owned	£																		
Any other savings	£																		
Personal goods and services including health	£																		
Childcare	£																		
Maintenance paid	£																		
DWP benefit deductions from past loans	£																		
Any other deductions from benefit	£																		
Disability spending	£																		
Alcohol/cigarettes/tobacco	£																		
Any other outgoings	£																		
	£																		
	£																		

**Declaration:** I understand the following:

You will use the information provided to consider my claim for housing benefit, discretionary housing payments, council tax reduction or council tax discretionary relief – or any or all of the above. You may cross check the information with other sources within the council or other councils. Data held may be used in comparison for the purposes of the prevention and detection of crime.

You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may share information with other government organisations, if the law allows this.

I know that I must let the Leicester City Council know straightaway about any change in my circumstances that might affect my claim.

I understand that if I knowingly provide false or incomplete information, or fail to inform you of changes in my circumstances, I may be prosecuted.

**I declare the information I have given on this form is correct and complete.**

**Signature of person claiming**

**Date:**

*If this form has been completed by someone other than the person claiming:*

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct. As I am making this claim on behalf of the above person, I understand that I am liable for what I have written on the form and accept that this declaration applies to me.

**Signature:**

**Date:**

**Relationship to the person claiming:**

**Equalities monitoring**

You do not have to complete this part of the form, but by doing so you will help us to fulfil our commitments to equality monitoring and making sure that our services are available every community in Leicester. Where this information is used for statistical analysis, we will make sure that individuals cannot be identified

**1) Ethnic background**

a) Asian or Asian British

Bangladeshi  Indian  Pakistani

Any other Asian background (please write in) .....

b) Black or black British

African  Caribbean  Somali

Any other Black background (please write in) .....

c) Chinese

Any other Chinese background (please write in) .....

d) Dual / multiple heritage

Asian and white  Black African and white  Black Caribbean and white

Any other heritage background (please write in) .....

e) White

British  European  Irish

Any other white background (please write in) .....

f) Other ethnic group

Gypsy/Romany/Irish traveller

Any other ethnic group (please write in) .....

g) Prefer not to say

**2) Gender**

- Female       Male       Trans woman       Trans man   
 Other .....      Prefer not to say

**3) Age**

- Date of birth (day/month/year) .....  
 Age in years .....  
 Prefer not to say

**4) Disability**

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term effect (which has lasted or is expected to last at least 12 months) and has an adverse effect on the person’s ability to carry out normal day to day activities.

Do you consider yourself to have a disability, or a long-term illness, physical or mental health condition?  
 Yes       No       Prefer not to say

If you have answered Yes to the question above, please state the type of impairment that applies to you. You may experience more than one type of impairment, in which case please tick all that apply. If none of the categories apply, please tick ‘Other’ and state the type of impairment.

- Physical impairment (such as difficulty using your arms or mobility issues which means using a wheelchair or crutches)
- Sensory impairment (such as being blind/having a serious visual impairment, being deaf or having a serious hearing impairment)
- Mental health condition (such as depression, schizophrenia)
- Learning disability (such as Down’s syndrome or dyslexia) or cognitive impairment (such as autism, head injury)
- Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, epilepsy)
- Other (please write in) .....
- Prefer not to say

**5) Sexual orientation**

- Bisexual       Gay/lesbian       Heterosexual/straight       Prefer not to say  
 Other (please write in) .....

**6) Religion or belief**

How would you define your religion or belief?

- Baha’i       Buddhist       Christian       Hindu  
 Jain       Jewish       Muslim       Sikh  
 Atheist       No religion       Prefer not to say  
 Other (please write in) .....

**7) Postcode**

- First 4 digits only       Prefer not to say