



Uttlesford

Client name:

Benefit Check List

Please remember if you need help to complete this form,
an adviser will be happy to assist.

Do not Wait!
You could be losing benefits!



Uttlesford

Barnards Yard, Saffron Walden, Essex. CB11 4EB

Suite 8, The Chestnuts, 4 Stortford Road, Great Dunmow, Essex. CM6 1DA

Debt Advice: 01799 510869

money@uttlesfordcab.cabnet.org.uk
www.uttlesfordcab.org.uk

To:

CONSENT FORM

Name

Address

I / We hereby authorise the Uttlesford Citizens Advice Bureau to take up enquiries and receive information on my/our behalf concerning:

.....
.....
.....

Signature (s) Date:

.....



Company Limited by Guarantee, Registered in England and Wales Company number 3771142,
Registered Charity Number 1078222
Our debt services are authorised and regulated by the Financial Conduct Authority. FRN: 617778

Opening Hours Saffron Walden
Tues – Fri 9.30am – 3.30pm
Opening Hours Great Dunmow
Wed 10am - 3.30pm

For a benefit check to be as accurate as possible you should answer the questions as fully as you are able.

- **The resulting answers are a guide only and you may be excluded for benefits for other reasons, therefore you should not rely on them.**
- The names of benefits that you are on will be on any award letter that you have been sent. (If you are unsure, please bring in a copy of the relevant paperwork and we will try and establish to amounts you are being paid. The amounts may also be on your most recent back statements).
- The term 'partner' is used to mean a person that you live with as a couple, and all of the questions will relate to you both, any capital that one has will be counted as if it is owned by both.

Payment periods

- We ask that you use one payment period consistently throughout the checklist; to work out which period, see calculations below. Please ensure that the one you are using is marked clearly on the checklist.
- **Please remember, if you return the checklist to us and it is not completed fully we will be unable to do an assessment.**
- We will try to telephone you to get the answers that we need. In the event that we cannot get back to you or there is no reply, we will be unable to complete the assessment. **You will not be informed and you will need to complete a new benefit form if you still require an assessment.**
- If you would like us to compare different situations, e.g. if you are returning to work, you will need to complete two benefit check forms.

Calculations

1. To convert weekly amounts to monthly, multiply the amount by 52 then divide by 12.
2. To convert monthly amounts to weekly, multiply the amount by 12 then divide by 52.
3. To convert 4 weekly amounts to weekly, multiply the amount by 13 then divide by 52.
4. To convert 4 weekly amounts to monthly, multiply the amount by 13 then divide by 12.

Your Household

Title: Mr / Mrs / Miss / Ms / Dr / Other	Full Name:	Date of Birth:
Address:	Telephone Number:	Mobile Number:

What is your total household capital and savings?	
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Including yourself please list everyone who lives in your home:

Name	Age	Male/Female	Relationship to you	Date of Birth	Status Working / student etc

Your Income

Please specify whether amounts are weekly (W), fortnightly (x2), 4 weekly (x4), monthly (M) or Yearly (Y)

	You	Your Partner	Other member(s) of your household
Do you work?	Yes / No	Yes / No	Yes / No
Are you employed / self-employed?			
How many hours do you work a week?			
What is your gross salary? (before deductions of tax and national insurance)			
What was your gross salary last year? (you will find this information on your P60 from HMRC)			
Do you have any other income? E.g. child maintenance, occupational pension, rent from boarders / second property (PLEASE SPECIFY)			

Your Benefits

Please specify whether amounts are weekly (W), fortnightly (x2), 4 weekly (x4), monthly (M) or Yearly (Y)

If you receive any of the following benefits please enter how much is paid

	You	Your Partner	Any other member of your household
State Retirement Pension			
Pension Credit			
Attendance Allowance			
Disability Living Allowance			
Personal Independence Payment			

Tax Credits			
Income Support			
Jobseeker's Allowance			
Employment Support Allowance			
Housing Benefit (Local Housing Allowance)			
Council Tax Benefit			
Any other benefits (Please give details)			

Your Housing Costs	Please specify whether amounts are weekly (W), fortnightly (x2), 4 weekly (x4), monthly (M) or Yearly (Y)
If you pay rent, how much do you pay? (Before payment of housing benefit - please also state whether this is private or social housing)	
How many bedrooms do you have?	
If you own your own home, how much mortgage is outstanding?	
How much Council tax do you pay? (Before deduction of Council Tax Support)	
Do you know what Council Tax Band your property is in? (if so please specify)	
Do you have any other adults (over 18 and not in full time education) living with you?	
If so, how much is their income?	
Do you have any other dependents under 18 and not in full time education living with you?	
If so, how much is their income?	

Do you have a disability?

Is there someone in your household that struggles with day to day living or do you know others that do?

Disability Living Allowance and Attendance Allowance are non means tested benefits that are paid to those who are affected in their day to day living because of a long term (chronic) illness or a disability. This can be either a physical or mental health issue or a combination of the two. If you would like further information on disability benefits for someone in your household who has a long term disabling illness please inform the adviser you speak to. We will need to speak to the person involved directly and unless they are a disabled child or you have power of attorney, they will need to contact us themselves.

	You	Your Partner	Any other member of your household
Is anyone in your household disabled and claiming Disability Living Allowance (DLA) Personal Independence Payment (PIP) or Attendance Allowance (AA)? Please specify what rate of benefit they are on:			
• Attendance Allowance – higher rate / lower rate			
• DLA care component – higher / medium / lower rate			
• DLA mobility component – higher rate / lower rate			
• Personal Independence Payment daily living component – higher / lower rate			
• Personal Independence Payment mobility component – higher / lower rate			
If yes, how old are they?			
What is their relationship to you?			
Do you care for anyone who is disabled for more than 35 hours a week?			
If yes, do they receive DLA care component at mid or high rate, or Attendance Allowance?			
Did any disabled person in your household become disabled because of work, i.e. an accident? If yes, we may need to contact you for more information.			