

Claim Reference:

Name:

Address:

Date:

You have told me that you do not get any money from anywhere. You must fill in this statement and sign it before I can pay your Housing Benefit and/or Local Council Tax Reduction.

1. Please give details of how you are paying for the following:	
Food	
Bus Fare/ petrol	
Medication	
Clothing	
Toiletries (i.e. soap)	
Services (i.e. electricity, gas or water charges)	

2. Have you or your partner applied for Income Support/ Jobseeker's Allowance / Employment and Support Allowance or another state benefit? Please tell me which benefit this is. If no, please give me the reason why you have not applied for a state benefit.	Yes/ No

3. Are you are living on your savings? If yes, how much do you have in savings? Please provide evidence such as bank statements	Yes/ No
	£

4. Are Social Services, friends or relatives giving you money? If yes, how much are they giving you a week? You will need to provide proof of this i.e. a letter from your relative/friend confirming their full name and address and giving details of the help they have provided you.	Yes/ No
	£

Cont'd.../

Cont'd.../

5. How long do you expect this situation to last?	
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I declare that I have no regular money coming in from anywhere at the moment and that I will tell you immediately when I do start getting a regular income.

Name (Print) _____

Date _____

Signature _____