

# Employment and Support Allowance

## Application for re-assessment

### Why we have sent you this form

You are claiming contribution-based Employment and Support Allowance. You have told us

- about a change in your circumstances, or
- you want to claim income-related Employment and Support Allowance.

This means we need to look at your claim again.

### What to do now

Read the notes before filling in this form.

Then fill in the form. Answer **all the questions** that apply to you and your partner, if you have one.

Send us the completed form with all the documents we ask for straight away. If you wait longer than a month from the date we sent the form to you, you could lose money.

### If you need help filling in this form

If you have any difficulties filling out this form, someone else can do it for you. You can ask a friend or relative, or an organisation that you know and trust to help you. Or you can contact Jobcentre Plus.

This form is available in Welsh if you live in Wales.

If you wish to speak to us in Welsh please contact us on **0800 012 1888**.

**Please fill in this form with BLACK INK and in CAPITALS.**

For our use:

Office code

Issue date

 /  / 

jobcentreplus

Department for  
Work and Pensions

ESA3 10/14

## Notes

### What is Employment and Support Allowance?

Employment and Support Allowance is a social security benefit for people who have an illness or a disability.

You may be able to get Employment and Support Allowance if you have an illness or disability, and you

- are unemployed, **or**
- are self-employed, **or**
- work for an employer but you cannot get Statutory Sick Pay, **or**
- have been getting Statutory Sick Pay but it has now stopped.

Statutory Sick Pay is money employers pay to employees who are away from work for 4 days or more in a row because of their illness or disability.

### Work capability assessments

We may ask you to take part in a work capability assessment. By 'work capability assessment' we mean

- filling in and returning a questionnaire, and
- going to a medical assessment.

We will contact you about this. If you do not fill in the form or take part in an assessment, we may stop your benefit.

### Work focused interviews

We may ask you to go to work focused interviews that will help you get back into work. We will contact you about these. If you do not take part in these interviews, we may reduce your benefit.

### Contribution-based Employment and Support Allowance

You may get contribution-based Employment and Support Allowance if you have paid or been credited with enough class 1 or class 2 National Insurance contributions in the last two relevant tax years.

Contribution-based Employment and Support Allowance may be limited to a maximum of 365 days depending on the outcome of your Work Capability Assessment.

Contribution-based Employment and Support Allowance is paid at a basic rate for the first 13 weeks. We will then pay your benefit at a rate based on your work capability assessment. We call the first 13 weeks that we pay your benefit your 'assessment phase'.

Sometimes you cannot get contribution-based Employment and Support Allowance based on your United Kingdom (UK) National Insurance contributions. But you may be able to get contribution-based Employment and Support Allowance if you have worked outside the UK.

We may reduce your contribution-based Employment and Support Allowance if you get

- other social security benefits
- a personal or occupational pension
- a public service pension.

Your savings will not affect your contribution-based Employment and Support Allowance.

### Income-related Employment and Support Allowance

You may get income-related Employment and Support Allowance if you do not have enough money coming in.

You can claim income-related Employment and Support Allowance for

- you and your partner
- some housing costs
- special needs. For example, if you or a member of your family have a disability.

We may reduce your income-related Employment and Support Allowance if you or anyone you are claiming for has

- savings over £6,000
- money coming in each week. For example
  - earnings from part-time work
  - other social security benefits
  - if you have a partner who is working less than 24 hours a week and has earnings
  - personal or occupational pensions.

You will not be entitled to income-related Employment and Support Allowance if your partner is working more than 24 hours a week or they have savings in excess of £16,000.

### If you are claiming for a partner

We may ask your partner to go for work focused interviews. If we need your partner to go for an interview, we will contact them after you have been getting income-related Employment and Support Allowance for 26 weeks or more.

If they do not take part in these interviews, it may affect your benefit.

We use 'partner' to mean

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple.

## Notes continued

### Child Tax Credit

Employment and Support Allowance does not include money for children or qualifying young persons. But you can claim Child Tax Credit.

To find out more about Child Tax Credit visit

**[www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits)**

You can also phone HM Revenue & Customs about Child Tax Credit on **0345 300 3900**.

If you have speech or hearing difficulties you can contact them using a textphone on

**0345 300 3909**.

Lines are open from 8am to 8pm Monday to Friday and from 8am to 4pm on Saturday. Lines are closed Sundays, Christmas Day, Boxing Day and New Year's Day.

If you need help or a form in Welsh, please phone **0300 200 1900**. Lines are open 8.30am to 5pm Monday to Friday.

We use 'child' to mean a person aged under 16 who you are getting Child Benefit for.

We use 'qualifying young person' to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

### How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, visit our website at

**[www.gov.uk/personal-information-charter](http://www.gov.uk/personal-information-charter)** or contact any of our offices.

### Our service standards

Details of the standard of service you can expect from us can be found by searching for DWP Service Standards at **[www.gov.uk](http://www.gov.uk)**

You can access our website from many libraries.

For more information please contact Jobcentre Plus.

### More information

To find out more, ask for a leaflet about Employment and Support Allowance from Jobcentre Plus. Or visit

**[www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits)**

## Part 1: About your claim

**What date do you want us to re-assess your Employment and Support Allowance claim from?**

This will usually be the date that your circumstances changed.

**Does your partner, if you have one, agree to you making this claim?**

No  Still tell us **as much as you can** about your partner. We will get in touch with you about this.

Yes  Your partner may need to go to a work focused interview if you are claiming for them.

## Part 2: About you and your partner

We use 'partner' to mean

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple.

**Surname**

**Other names**

**Any other surnames you have been known by**

**Title**

**Date of birth**

**National Insurance (NI) number**

You can get this from payslips or from tax papers.

**Address**

Please tell us your address, and tell us your partner's address, if it is different.

**You**

**Everyone** must fill in this column.

Mr Mrs Miss Ms Other title

Letters Numbers Letter

Postcode

**Your partner**

Fill in this column if you have a partner.

Mr Mrs Miss Ms Other title

Letters Numbers Letter

Postcode

## Part 2: About you and your partner continued

### Address, if different in the last 3 years

If you need to tell us about more than one other address, use the space in **Part 21 Other information**.

### Mobile phone number

Daytime phone number, if different

### Nationality

For example, British.

**If you are homeless but have a temporary address, even if this changes from day-to-day, please tick this box.**

**If you are homeless and have nowhere to live at all, please tick this box.**

### What is your marital or civil partnership status?

Tick all the boxes that apply. If you tick more than one box, please tell us why in **Part 21 Other information**.

#### You

Postcode

--

Code	Number
------	--------

work  home

--

Please say where we can get in touch with you in the address box below.

Please say where we can get in touch with you.

Postcode

Married or civil partner

Divorced or civil partnership dissolved

Single

Separated

Living together

Widowed or surviving civil partner

Date became widowed or surviving civil partner

/ /
-----

#### Your partner

Postcode

--

Code	Number
------	--------

work  home

--

Please say where we can get in touch with them in the address box below.

Please say where we can get in touch with them.

Postcode

Married or civil partner

Divorced or civil partnership dissolved

Single

Separated

Living together

Widowed or surviving civil partner

Date became widowed or surviving civil partner

/ /
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## Part 2: About you and your partner continued

### Are you expecting a baby?

If you are expecting a baby or have a child under four, you may qualify for Healthy Start vouchers and vitamins. Call the Healthy Start helpline on **0845 607 6823** or visit **www.healthystart.nhs.uk** for an application leaflet.

### Have you had a baby in the 39 weeks before the date you are claiming from?

#### You

No

Yes  What date is the baby due?

No

Yes  What date was the baby born?

#### Your partner

No

Yes  What date is the baby due?

No

Yes  What date was the baby born?

## Part 3: About your illness or disability

### Has your illness or disability changed since you last told us about it?

No

Yes  Please tell us about how your illness or disability has changed.

No

Yes  Please tell us about how their illness or disability has changed.

### Name of the doctor who signs your medical statements

'Medical statements' are also called medical certificates, doctor's statements or sick notes.

### Address of the doctor who signs your medical statements

Postcode

Postcode

### Part 3: About your illness or disability continued

	You	Your partner
<b>Phone number of the doctor who signs your medical statements</b>	<input type="text" value="Code"/> <input type="text" value="Number"/>	<input type="text" value="Code"/> <input type="text" value="Number"/>
<b>Have you been in hospital as an in-patient since you last claimed Employment and Support Allowance?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.
Name and address of hospital	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Date you went in to hospital	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Have you come out of hospital?	No <input type="checkbox"/> Yes <input type="checkbox"/> Date you came out of hospital <input type="text" value="/ /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Date they came out of hospital <input type="text" value="/ /"/>
Are you due to go into hospital in the next 3 months?	No <input type="checkbox"/> Yes <input type="checkbox"/> Date you are due to go into hospital <input type="text" value="/ /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Date they are due to go into hospital <input type="text" value="/ /"/>
<b>Have you ever been registered or certified as blind or severely sight impaired with</b> ● a local authority in England or Wales, or ● a regional or islands council in Scotland?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us the name of the local authority or council. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us the name of the local authority or council. <input type="text"/>
Has your local authority or council removed you from the register?	No <input type="checkbox"/> Yes <input type="checkbox"/> Date your local authority removed you from the register <input type="text" value="/ /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Date your local authority removed them from the register <input type="text" value="/ /"/>

## Part 4: Special rules

**Special rules** are for people who, because of their condition, are not expected to live longer than 6 months.

**Do you think that the special rules apply to you?**

**Have you already asked for a DS1500 Report for your claim for Disability Living Allowance or Personal Independence Payment?**

Have you already sent the **DS1500 Report** with your claim for Disability Living Allowance or Personal Independence Payment?

**You**

No  Go to **Part 5 About work**.

Yes  Ask your doctor or specialist for a **DS1500 Report**.

The **DS1500 Report** is a report about your medical condition. You will not have to pay for it.

You can ask the doctor's receptionist, or nurse, or a social worker to arrange this for you. You do not have to see the doctor. You should be given the **DS1500 Report** straight away. Ask for the report in a sealed envelope if you do not want anyone to see it.

If you cannot get your **DS1500 Report** in time, claim Employment and Support Allowance anyway. Then give us the **DS1500 Report** as soon as you can.

No

Yes  You do not need to get another **DS1500 Report**. Send the **DS1500 Report** with your claim for Disability Living Allowance or Personal Independence Payment.

No

Yes



## Part 5: About work

### We need to know about work you are doing now.

We need to know about any

- work for an employer or self-employed work
- full-time or part-time work
- permanent or casual work

- unpaid work or paid work
- work as a company director
- time spent on Work-Based Training for Young People, or Skillseekers in Scotland.

If you do voluntary work, or you are temporarily absent from work, still tick **Yes** to the question below.

### Have you done any work since making your claim?

If you or your partner have worked for more than one employer, please tell us about the work in **Part 21 Other information**.

Date the work started

If you are no longer working, date you last worked

Hours a week you worked before your claim

Days a week you worked before your claim

Hours a week you worked after your claim

Days a week you worked after your claim

Employer's name

Employer's address

Employer's phone number

Job title

Clock, payroll or employee number

#### You

No  Go to **Part 6 About other benefits**.

Yes  Please tell us about this below. If this was paid work provide the last 5 weekly payslips or last 2 monthly payslips

/ /

/ /

hours

days

hours

days

Postcode

Code Number

#### Your partner

No  Go to **Part 6 About other benefits**.

Yes  Please tell us about this below. If this was paid work provide the last 5 weekly payslips or last 2 monthly payslips

/ /

/ /

hours

days

hours

days

Postcode

Code Number

## Part 5: About work continued

	You	Your partner
Will your employer keep paying you if you are off work because of an illness or disability?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you get any money for expenses?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the employer pay any money towards a pension for you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is the work you do voluntary work?	No <input type="checkbox"/> Yes <input type="checkbox"/> Can you choose whether or not to be paid for the work? No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Can they choose whether or not to be paid for the work? No <input type="checkbox"/> Yes <input type="checkbox"/>
	Do you get anything else in return for working? For example, things like accommodation or food. No <input type="checkbox"/> Yes <input type="checkbox"/>	Do they get anything else in return for working? For example, things like accommodation or food. No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are you self-employed or a sub-contractor?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> We will send you a form <b>B16</b> to fill in and return to us.	No <input type="checkbox"/> Yes <input type="checkbox"/> We will send you a form <b>B16</b> to fill in and return to us.
<b>Do you work in a specialist occupation?</b> By 'specialist occupation' we mean ● an auxiliary coastguard ● a part-time fire-fighter ● a part-time member of a lifeboat crew, or ● territorial or reserve forces.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are you involved in a trade dispute?</b> By 'trade dispute' we mean a dispute between you and your employer or ex-employer.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.

## Part 5: About work continued

**Do you know when you will be well enough to work again?**

**You**

No

Yes  Tell us when you will be well enough to work.

**Are you going to go back to work?**

No

Yes  What date will you go back to work?

## Part 6: About other benefits

We need to know about any social security benefits you are getting now, or have claimed in the past. We will tell you if they affect your Employment and Support Allowance.

**For example, you must tell us about**

- Attendance Allowance
- Bereavement Allowance
- Bereavement Payment
- Carer's Allowance
- Disability Living Allowance
- Incapacity Benefit
- Income Support
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Jobseeker's Allowance
- Maternity Allowance
- Motability or any other help with mobility problems
- Pension Credit
- Personal Independence Payment
- Reduced Earnings Allowance
- State Pension
- Severe Disablement Allowance
- Unemployability Supplement
- Universal Credit
- Widow's Benefit
- Widowed Mother's Allowance
- Widowed Parent's Allowance

**You must also tell us about any other social security benefits, even if they are not on this list.**

Do not tell us about Housing Benefit or a reduction in Council Tax. We will ask you about this later.

**Are you getting or waiting to hear about any social security benefits now?**

**You**

No  Go to **page 10**.

Yes  Tell us about these benefits on **page 9**.

**Your partner**

No  Go to **page 10**.

Yes  Tell us about these benefits on **page 9**.

**Part 6: About other benefits** *continued*

	Benefit 1	Benefit 2	Benefit 3
<b>Name of the benefit</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Who is getting the benefit?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Reference number</b> You can find this number on letters we have sent about the benefit.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How much is paid?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>How often is it paid?</b>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> Other <input type="text" value="every"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> Other <input type="text" value="every"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> Other <input type="text" value="every"/>
<b>What day is it paid?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How is it paid?</b>	Directly into a bank or building society account <input type="checkbox"/> Other <input type="checkbox"/>	Directly into a bank or building society account <input type="checkbox"/> Other <input type="checkbox"/>	Directly into a bank or building society account <input type="checkbox"/> Other <input type="checkbox"/>
<b>Date of next payment</b>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
<b>Is any money being deducted from the benefit?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>How much is being deducted?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>What is it being deducted for?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need to tell us about more than 3 benefits, please tell us in **Part 21 Other information**.

**Part 6: About other benefits** *continued*

**Have you ever claimed Carer's Allowance?**

Tick **Yes**, even if you were not paid any Carer's Allowance. This could have been because you were better off getting another social security benefit.

Has the Carer's Allowance stopped in the last 3 months?

Date of last claim or payment

Name of the person being cared for

Address of the person being cared for

**You**

No

Yes

No

Yes

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode

**Your partner**

No

Yes

No

Yes

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode

**Does anyone care for you on a regular basis?**

What is their name and address?

Do they get Carer's Allowance for caring for you? Tick **Yes** if they have claimed Carer's Allowance and are waiting to hear about it.

No

Yes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode

No

Yes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode

No

Yes

No

Yes

**Part 6: About other benefits** *continued*

**Do you or your partner or any of your children or qualifying young persons who live in your household get Disability Living Allowance or Personal Independence Payment?**

We use 'child' to mean a person aged under 16 who you are getting Child Benefit for.

We use 'qualifying young person' to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

Is the Disability Living Allowance for help with getting around?

**You**

No   
Yes

No   
Yes  What rate is paid?

Lower rate   
Higher rate

No   
Yes  What rate is paid?

Lowest rate   
Middle rate   
Highest rate

**Your partner**

No   
Yes

No   
Yes  What rate is paid?

Lower rate   
Higher rate

No   
Yes  What rate is paid?

Lowest rate   
Middle rate   
Highest rate

**Children or qualifying young persons**

No   
Yes  Who gets the benefit?

No   
Yes  What rate is paid?

Lower rate   
Higher rate

No   
Yes  What rate is paid?

Lowest rate   
Middle rate   
Highest rate

**Do you or your partner or any of the children or qualifying young persons who live in your household get**

- Attendance Allowance
- Motability
- War Pension Mobility Supplement, or
- other help with mobility problems?

No   
Yes

No   
Yes

No   
Yes  Who gets the benefit or help?

**Do you or your partner get Personal Independence Payment?**

No   
Yes  Please tell us about this below

No   
Yes  Please tell us about this below

No   
Yes  Please tell us about this below

**Part 6: About other benefits** *continued*

Is it for help with mobility?

**You**

No

Yes  What rate is paid?

Standard rate

Enhanced rate

**Your partner**

No

Yes  What rate is paid?

Standard rate

Enhanced rate

**Children or qualifying young persons**

No

Yes  What rate is paid?

Standard rate

Enhanced rate

Is it for help with daily living?

No

Yes  What rate is paid?

Standard rate

Enhanced rate

No

Yes  What rate is paid?

Standard rate

Enhanced rate

No

Yes  What rate is paid?

Standard rate

Enhanced rate

**Do you get War Widow's or War Widower's Pension?**

Reference number

**You**

No

Yes

Reference number

**Your partner**

No

Yes

Reference number

**Did you get Return to Work Credit in the last 3 months?**

No

Yes  Date of the last payment

/  /

No

Yes  Date of the last payment

/  /

**Is anyone getting, or has anyone just stopped getting, Child Benefit for you?**

Their surname

Their other names

No

Yes  Please tell us about them below:

No

Yes  Please tell us about them below:

## Part 6: About other benefits continued

	You	Your partner
Their address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Their Child Benefit number	Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letters <input type="text"/> <input type="text"/>	Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letters <input type="text"/> <input type="text"/>
<b>Have you claimed any other benefits since you last claimed Employment and Support Allowance?</b> If the claim was turned down, still tick <b>Yes</b> .	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about the last benefit you claimed below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about the last benefit they claimed below.
Name of benefit	<input type="text"/>	<input type="text"/>
Date of last payment	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Which benefit office dealt with the claim?	<input type="text"/>	<input type="text"/>
Was your name or address different when you last claimed a benefit?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.
Full name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
When did you move to your present address?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Is anyone getting extra money added to their benefit for you?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this in <b>Part 21 Other information.</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this in <b>Part 21 Other information.</b>



## Part 7: About time spent abroad

### Have you

- worked or claimed benefit, or
  - been a member, or in the family of a member of HM Armed Forces
- outside the United Kingdom since you last claimed Employment and Support Allowance?

By the 'United Kingdom' we mean England, Scotland, Wales and Northern Ireland.

Which countries did you go to, and when?

Please tick the boxes that describe what you did while you were abroad.

Were you abroad because you were in HM Armed Forces?

Were you abroad because someone in your family was in HM Armed Forces?

What is their relationship to you?  
For example, your father or mother.

### You

No

Yes

Country

From

To

Country

From

To

Employed by a foreign employer

Self employed

Employed by a UK employer

Claimed foreign benefit

Claimed UK benefit abroad

No

Yes

No

Yes

### Your partner

No

Yes

Country

From

To

Country

From

To

Employed by a foreign employer

Self employed

Employed by a UK employer

Claimed foreign benefit

Claimed UK benefit abroad

No

Yes

No

Yes

**Part 7: About time spent abroad** continued

**Are you exempt from paying UK income tax?**

**You**

No

Yes

Were you abroad for more than one year in total in the 5 years before you stopped paying UK income tax?

No

Yes

**Your partner**

No

Yes

No

Yes

## Part 8: About statutory payments

We need to know about any statutory payments you are getting from your employer, or have claimed in the past. We will tell you if they affect your Employment and Support Allowance.

### For example, you must tell us about

- Statutory Adoption Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Statutory Sick Pay

	You	Your partner
<b>Are you getting or waiting to hear about any statutory payments now?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.
Name of the statutory payment	<input type="text"/>	<input type="text"/>
Who do you get your statutory payment from?	<input type="text"/>	<input type="text"/>
How much money do you get and how often?	£ <input type="text"/> every <input type="text"/> weeks / months	£ <input type="text"/> every <input type="text"/> weeks / months
What day is it paid?	<input type="text"/>	<input type="text"/>
<b>Have you ever had a statutory payment in the past?</b>	No <input type="checkbox"/> Go to <b>Part 9 About pensions.</b> Yes <input type="checkbox"/> Please tell us about this below.	No <input type="checkbox"/> Go to <b>Part 9 About pensions.</b> Yes <input type="checkbox"/> Please tell us about this below.
Name of the statutory payment	<input type="text"/>	<input type="text"/>
Who did you get your statutory payment from?	<input type="text"/>	<input type="text"/>
How much money did you get and how often?	£ <input type="text"/> every <input type="text"/> weeks / months	£ <input type="text"/> every <input type="text"/> weeks / months
What day was it paid?	<input type="text"/>	<input type="text"/>
If you need to tell us about any other statutory payments, tell us in <b>Part 21 Other information.</b>		

## Part 9: About pensions

### Are you getting or waiting to get a pension?

By 'pension' we mean

- an occupational pension,
- a personal pension
- a retirement annuity contract, or
- payment from the Armed Forces Compensation Scheme.

Do not tell us about State Pension here.

Tick **Yes** if you get

- regular pension payments
- an annual compensation payment from a previous job
- lump sum payments from an occupational or personal pension. These could be paid yearly
- payments from the Pension Protection Fund
- Financial Assistance Scheme payments.

What type of pension are you getting or waiting to get?

### You

No  Go to **Part 10 About permanent health insurance.**

Yes  Please tell us about this below. If you have more than one pension, please tell us about them in **Part 21 Other information.**

### Please send us proof of your pension income.

For example

- a letter of entitlement from your employer or the insurance company that pays the pension
- a payment advice notice from your pension provider
- a current wage slip showing details of your pension income.

Send us the original documents. Do not send us photocopies. You do not need to send proof of a payment from the Armed Forces Compensation Scheme.

**If you do not send proof of pension income, you may lose benefit.**

- Personal pension
- Occupational, work or employee's pension
- Retirement annuity contract
- Public service pension
- Pension paid to you as a beneficiary

### Your partner

No  Go to **Part 10 About permanent health insurance.**

Yes  Please tell us about this below. If your partner has more than one pension, please tell us about them in **Part 21 Other information.**

### Please send us proof of your partner's pension income. For example

- a letter of entitlement from their employer or the insurance company that pays the pension
- a payment advice notice from their pension provider
- a current wage slip showing details of their pension income.

Send us the original documents. Do not send us photocopies. You do not need to send proof of a payment from the Armed Forces Compensation Scheme.

**If you do not send proof of pension income, you may lose benefit.**

- Personal pension
- Occupational, work or employee's pension
- Retirement annuity contract
- Public service pension
- Pension paid to you as a beneficiary

## Part 9: About pensions continued

Name and address of your pension provider

**You**

Postcode

Their phone number

Code	Number
------	--------

Pension or policy reference number

--

How much is the pension **before** any deductions?  
For example, deductions like income tax.

£	every	weeks / months / year
---	-------	-----------------------

How much is the pension **after** any deductions?

£	every	weeks / months / year
---	-------	-----------------------

How much are the deductions and what are they for?

£	for
---	-----

£	for
---	-----

When did the pension start, or when will it start?

/ /
-----

Date of first payment

/ /
-----

Will the pension increase?

No

Yes  Date of first payment after the increase

/ /
-----

How much will your pension be after the increase?

£	every	weeks / months / year
---	-------	-----------------------

Did you choose to take regular income from the pension scheme instead of buying an annuity?

No

Yes  Was this the maximum income you could take?

No

Yes

Did you inherit your pension?

No

Yes

**Your partner**

Postcode

Code	Number
------	--------

--

£	every	weeks / months / year
---	-------	-----------------------

£	every	weeks / months / year
---	-------	-----------------------

£	for
---	-----

£	for
---	-----

/ /
-----

/ /
-----

No

Yes  Date of first payment after the increase

/ /
-----

£	every	weeks / months / year
---	-------	-----------------------

No

Yes  Was this the maximum income they could take?

No

Yes

No

Yes

## Part 10: About permanent health insurance

**Are you waiting to hear about any permanent health insurance payment?**

If **Yes**, let us know as soon as your permanent health insurance payment has been awarded.

**Do you get a permanent health insurance payment?**

If you have more than one permanent health insurance payment, please tell us about them in **Part 21 Other information**.

**You**

No

Yes

No  Go to **Part 11 Education, training and apprenticeship**.

Yes

**Your partner**

No

Yes

No  Go to **Part 11 Education, training and apprenticeship**.

Yes

**Name and address of the employer paying the permanent health insurance premiums**

Postcode

Their phone number

Code	Number
------	--------

Has your contract of employment ended with this employer?

No

Yes  When did it end?

/	/
---	---

Postcode

Code	Number
------	--------

No

Yes  When did it end?

/	/
---	---

**Have you contributed more than half the premiums towards any permanent health insurance payment?**

No

Yes

No

Yes

## Part 11: Education, training and apprenticeship

### Have you done a course of education, training or apprenticeship since you last claimed Employment and Support Allowance?

If you are still doing the course, tick **Yes**.

What was the course?

Name of course, training scheme or apprenticeship

Name and address of school, training centre, college or university

Number of hours a week

Start date and official end date

Do you have a final examination date?

Are you eligible for a student loan or grant?

Are you getting a student loan or grant?

#### You

No  Go to **Part 12 Where you live**.

Yes  Please tell us about this below.

Education

Training

Apprenticeship

Postcode

 hours /  /  to  /  / 

No

Yes  What is this date?

 /  / 

No

Yes

No

Yes  What is the reference number?

#### Your partner

No  Go to **Part 12 Where you live**.

Yes  Please tell us about this below.

Education

Training

Apprenticeship

Postcode

 hours /  /  to  /  / 

No

Yes  What is this date?

 /  / 

No

Yes

No

Yes  What is the reference number?

## Part 12: Where you live

### Do you live with parents, relatives or friends as part of their family?

Full name of the head of the household

Title

Relationship to you

For example, parent, friend or relative.

### Do you share the rent or mortgage for the place where you live with anyone else?

If you just share with your partner, tick **No**.

### Do you rent your home from a council?

Tick **Yes**

- if the council is paying for you to stay in bed and breakfast, or a hotel
- if you do not pay rent because you get Housing Benefit.

### Do you pay a private landlord, landlady or housing association for the place where you live?

Tick **Yes** if you

- just pay for the place where you live
- pay for meals as well as the place where you live
- live in a hotel, guest house or hostel.

#### You

No

Yes  Tell us about this below.  
Then go to **page 24**.

Mr Mrs Miss Ms

Other title

No

Yes  Names of the people you share with.

No

Yes  Name and address of the council.

Postcode

No

Yes  Please tell us their name and address.

Postcode

#### Your partner

No

Yes  Tell us about this below.  
Then go to **page 24**.

Mr Mrs Miss Ms

Other title

No

Yes  Names of the people they share with.

No

Yes  Name and address of the council.

Postcode

No

Yes  Please tell us their name and address.

Postcode



## Part 12: Where you live continued

### Do you pay any service charges for the place where you live?

For example, cleaning and maintenance of stairs and hallways.

How much do you pay and how often?

If you have any papers about the service charge, please send them to us with this form.

### Is the place where you live a Crown tenancy or under a long term agreement?

By long term agreement we mean a tenancy agreement which is for more than 21 years.

### Are you already getting, waiting to hear about or intending to claim Housing Benefit or apply for a Council Tax reduction, or both?

Housing Benefit and Council Tax reduction do not affect the amount of Employment and Support Allowance you can get.

To claim Housing Benefit, fill in the form **HCTB1**. Then send the completed form **HCTB1** to your local council. For more information about Housing Benefit or if you wish to apply for a reduction in your Council Tax please contact your Local Authority.

### Did you claim Housing Benefit or apply for a reduction in your Council Tax with a previous claim for

- Jobseeker's Allowance
- Income Support, or
- Employment and Support Allowance?

#### You

No

Yes

£ every weeks / months / year

No

Yes

No

Yes

No

Yes

Did you get an extra 4 weeks payment for your rent or council tax reduction when you started work after your previous claim?

No

Yes

#### Your partner

No

Yes

£ every weeks / months / year

No

Yes

No

Yes

No

Yes

Did they get an extra 4 weeks payment for rent or council tax reduction when they started work after their previous claim?

No

Yes

## Part 13: About children and qualifying young persons

**Do you have any children or qualifying young persons living permanently in your household who are dependent on you?**

Do not include

- foster children
- children or qualifying young persons who are boarded out with you while they wait to be adopted.

No  Go to **Part 14 About bank and building society accounts, savings and property.**

Yes  Please tell us about these children or qualifying young persons below.

- We use 'child' to mean a person aged under 16 who you are getting Child Benefit for.
- We use 'qualifying young person' to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

Children or qualifying young persons living permanently in your household who are dependent on you			Relationship to you		Relationship to your partner	Are you getting or have you claimed Child Benefit for this child or qualifying young person?	Does the child or qualifying young person have a parent or parents who live somewhere else?
Surname	Other names	Date of birth	Male or female		For example, son, daughter, niece, grandson, stepdaughter or none.		
			M	F			
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>

Tell us in **Part 21 Other information**

- if you have more than 8 children or qualifying young persons
- if you have any children or qualifying young persons who normally live with you but are in boarding school or local authority care.

If you have told us about a child or qualifying young person who has a parent who lives somewhere else, ask for a leaflet about child maintenance options if you are claiming benefits. You can get it from Jobcentre Plus.

## Part 14: About bank and building society accounts, savings and property

### We need to know about savings that you or your partner have.

By 'savings' we mean all money, savings, investments and property in the United Kingdom (UK) or abroad which belong to you or your partner. By the 'UK' we mean England, Scotland, Wales and Northern Ireland.

### Do you or your partner have any of the following?

Please tick **No** or **Yes** for every item in the list.

Tell us about accounts even if they are not in credit.

Bank accounts, including current accounts

#### You and your partner

No Yes Amount

£

Building society accounts, including current accounts

£

Post Office® accounts

£

National Savings & Investments accounts

£

National Savings Certificates

£

Number of units

Issue number

Purchase price

£

Premium bonds

£

£

Income Bonds or Capital Bonds

£

Number of units

Name

Unit Trusts

£

ISAs, PEPs and other investments

£

Government Stock

£

Money or property held in trust

£

Cash

£

A lump sum personal injury payment in last 52 weeks

£

Date you got the payment

/  /

Insurance for repairs or possessions

£

Money from the sale of a home

£

## Part 14: About bank and building society accounts, savings and property continued

### Do you or your partner have any of the following?

Please tick **No** or **Yes** for every item in the list.  
Tell us about accounts even if they are not in credit.

Money set aside for essential repairs

Outstanding money from the Social Fund

Other money from benefits owed to you

World War II compensation payment

Far Eastern Prisoners of War compensation payment

State Pension lump sum

Money from a trust fund

#### Do not tell us about payments from

- The Macfarlane Trust
- The Eileen Trust
- The Skipton Fund
- The Fund
- MFET Ltd
- The Caxton Foundation.

Any other money

Shares

Please tell us about any other shares in **Part 21 Other information.**

### How much are the savings worth in total?

Add together all the amounts from **pages 24** and **25** to work this out.

### Do you and your partner's savings add up to £5,500 or more?

### Have your savings been more than £5,500 during the last 6 months?

### You and your partner

**No** **Yes** **Amount**

<input type="checkbox"/>	<input type="checkbox"/>	£
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	£
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	£
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	£
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	£
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	£
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	£
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	£
--------------------------	--------------------------	---

Number of units

Name of company

<input type="checkbox"/>	<input type="checkbox"/>	£
--------------------------	--------------------------	---



£
---

No

Yes  **Please send us proof of your savings with this form.** For example, a recent bank statement or a savings book updated within the last month.

No

Yes  **Please send us proof of your savings with this form.** For example, a recent bank statement or a savings book updated within the last 6 months.

## Part 14: About bank and building society accounts, savings and property continued

Do you live in a care home?

No

Yes  Do you and your partner's savings add up to £9,500 or more?

No

Yes  **Please send us proof of your savings with this form.** For example, a recent bank statement or a savings book updated within the last month.

**Apart from the home you live in, do you or your partner own or jointly own any other property or land in the UK or abroad?**

Tick **Yes** if the property or land is

- on a mortgage or loan, **or**
- jointly owned.

No

Yes  What is it?

Property

Land

What is the address of the property or land?

Postcode

What is the property or land currently used for?

What was the original purpose for buying it?

Who does this property or land belong to?

Is the property or land up for sale? No

Yes

**Have you or your partner sold any property other than where you lived during the last 6 months?**

No

Yes  Please send us proof of the sale of this property or land.

## Part 15: About other money coming in

### We need to know if you or your partner have any other money coming in.

For example, you must tell us about:

- fostering fees or allowances
- prison discharge grant
- any training allowance
- Guardian's Allowance
- Child Benefit
- Child Tax Credit
- Working Tax Credit
- War Pension
- War Widow's, or Widower's, Pension
- payments from the Pension Protection Fund
- Financial Assistance Scheme payments
- sick pay from an employer
- benefits, allowances and pensions not from social security
- student grants or loans
- money from a mortgage protection policy
- money from a charity or benevolent fund
- any other money coming in.

### Do you, your partner or anyone else you are claiming Employment and Support Allowance for, have any other money coming in?

No   
Yes  Please tell us about this below.

#### Money 1

Who gets this money?

Where does the money come from?

How much money do they get, and how often?  
£  every  weeks / months

What day is it paid?

#### Money 2

Who gets this money?

Where does the money come from?

How much money do they get, and how often?  
£  every  weeks / months

What day is it paid?

If you need to tell us more about any other money coming in, please tell us in **Part 21 Other information**.

You must send us proof of any other money coming in, for example:

- a statement from the person or company that pays the money
- a court order
- payslips, or
- a full bank statement showing the amount and how often it is paid.

You do not need to provide proof of Child Benefit, Tax Credits or a student loan or grant. We may ask you about student loans and grants at a later date.

## Part 15: About other money coming in continued

### Does anyone owe any money to you, your partner or anyone else you are claiming Employment and Support Allowance for?

This might be for things like

- arrears of maintenance, or
- money lent to someone.

No   
 Yes  Please tell us about this below.

#### Money 1

Who is owed this money?

How much money are they owed?

£

What is this money for?

When do you expect the money to be paid?

/  /

#### Money 2

£

/  /

### Do you, your partner or anyone else you are claiming Employment and Support Allowance for, get maintenance payments?

Tell us about maintenance paid

- voluntarily
- because of a written agreement
- because of a court order, or
- because of a child maintenance assessment.

No   
 Yes  Please tell us about this below.

#### Money 1

Who gets this money?

Who is this money for?

Who is paying you this money?

How much money do you get, and how often?

£  every  weeks / months

What day is it paid?

#### Money 2




£  every  weeks / months

## Part 15: About other money coming in continued

### Do you or your partner get any payments from a credit insurance policy?

What items, if any, were bought using the credit that you had?

Which of these items are covered by the insurance policy?

Who does the insurance company make the payments to?

How much is paid, and how often?

When did the payments start?

When will the payments end?

You must send us full details of what the insurance company has paid you.

If you need to tell us more about any other money coming in, please tell us in **Part 21 Other information**.

### Do you or your partner hold any money or property, in this country or abroad, which belongs to someone else?

By 'money' we mean things like bank accounts or investments.

No

Yes  Please tell us about this below.

Direct to the supplier.

To you or your partner.

To the credit company.

£  every  weeks / months

/  /

/  /

No

Yes  Is this money or property in your or your partner's name?

No

Yes  Please tell us about them in **Part 21 Other information**.



## Part 15: About other money coming in continued

### Does anyone pay you, your partner, or anyone else you are claiming Employment and Support Allowance for, to rent rooms or property?

For example, boarders, lodgers, tenants and subtenants.

Who pays the rent?

Who do they pay?

How much do they pay, and how often?

What day is it paid?

Tick here if the money they pay includes any money for heating or meals.

No

Yes  Please tell us about this below.

#### Rent 1

£  every  weeks / months / year

Heating

Meals

#### Rent 2

£  every  weeks / months / year

Heating

Meals

## Part 16: About other people who live with you

### We need to know about any other people who live in the same household as you.

We need this information to make sure we work out your housing costs correctly.

#### Please tell us about

- relatives, if they live in your household
- boarders and lodgers
- friends
- anyone else who lives in your household.

#### Do not tell us about

- members of your immediate family, if you live with them in **their** household
- people who just share a hall or bathroom or toilet with you, or who live in a separate flat or bedsit in the same house
- other residents, if you live in a care home
- foster children, or children or qualifying young persons boarded out with you while they wait to be adopted.

### Do any other people live in your household who you have not already told us about?

If you need to tell us about more than 4 people, please tell us in **Part 21 Other information**.

No  Go to **Part 17 Owning your home**.

Yes  Please tell us about these people below.

Full name

Title

Date of birth

Relationship to you

Do they work for 16 hours or more a week?

Full name

Title

Date of birth

Relationship to you

Do they work for 16 hours or more a week?

#### Person 1

Mr Mrs Miss Ms Other title

 /  / 

No

Yes

#### Person 2

Mr Mrs Miss Ms Other title

 /  / 

No

Yes

#### Person 3

Mr Mrs Miss Ms Other title

 /  / 

No

Yes

#### Person 4

Mr Mrs Miss Ms Other title

 /  / 

No

Yes

## Part 16: About other people who live with you continued

### We need to know if any of the people living with you have any money coming in.

You do not have to answer these questions. But if they do not have much money coming in, you may get more Employment and Support Allowance.

#### Do they have any money coming in?

Where does the money come from?  
This could be wages, a pension or benefits.

How much is coming in, and how often?

#### Does this person usually live with you?

If **No**, where do they usually live?

#### What date did you start sharing accommodation?

#### Why did you start to share accommodation?

#### How long do you expect this to continue?

#### Why do you think this is?

#### Has the person shared accommodation with you in the past?

### Tell us about

- earnings
  - social security benefits
  - any other money they have coming in.
- If they have earnings, tell us the amount before tax, National Insurance and any other money has been taken off.

### Do not tell us about

- The Macfarlane Trust
- The Eileen Trust
- The Skipton Fund
- The Fund
- MFET Ltd
- The Caxton Foundation.

#### Person 1

No

Yes

£ every weeks / months / year

No

Yes

  
  
  
Postcode

No

Yes

#### Person 2

No

Yes

£ every weeks / months / year

No

Yes

  
  
  
Postcode

No

Yes

## Part 16: About other people who live with you continued

**Do they have any money coming in?**

Where does the money come from?  
This could be wages, a pension or benefits.

How much is coming in, and how often?

**Does this person usually live with you?**

If **No**, where do they usually live?

**What date did you start sharing accommodation?**

**Why did you start to share accommodation?**

**How long do you expect this to continue?**

**Why do you think this is?**

**Has the person shared accommodation with you in the past?**

**Are any of these people you have told us about**  
**• married to each other or living together as if they are married, or**  
**• civil partners?**

We call these people 'partners'.

If you need to tell us about more than 4 people, please tell us in **Part 21 Other information**.

### Person 3

No

Yes

£ every weeks / months / year

No

Yes




Postcode






No

Yes

Yes  Please tell us about them.

 is the partner of

 is the partner of

### Person 4

No

Yes

£ every weeks / months / year

No

Yes




Postcode






No

Yes

Yes  Please tell us about them.

 is the partner of

 is the partner of

## Part 17: Owning your home

### Do you or your partner own your own home?

If the home is on a mortgage or loan, or if it is leasehold or freehold, tick **Yes**.

### Do you or your partner have a mortgage or loan on your home?

Whose name is the mortgage or loan in?

When was it taken out?

Is the mortgage or home loan for anything apart from buying the place where you live?

For example, a piece of land, a car, home improvements or repairs.

### Do you or your partner have a second mortgage, a home improvement loan or loan for repairs?

Whose name is the mortgage or loan in?

When was it taken out?

Is the mortgage or home loan for anything apart from buying the place where you live?

For example, a piece of land, a car, home improvements or repairs.

Are any of your loans secured on the property?

No  Go to **Part 18 Living in a care home.**

Yes

No

Yes  Please tell us about this below.

Yours

Your partner's

Both

/ /

No

Yes  Please tell us what it is for.

No

Yes  Please tell us about this below.

Yours

Your partner's

Both

/ /

No

Yes  Please tell us what it is for.

No

Yes

## Part 17: Owning your home continued

**Was your original mortgage taken out before October 1995?**

No

Yes  Please tell us about this below.

Who was the mortgage or home loan lender?




Whose name was the mortgage or home loan in?




When was it taken out?

 /  / 
 /  / 
 /  / 

Which address was this mortgage or home loan for?

Current address

Previous address

Current address

Previous address

Current address

Previous address

If you or your partner have more than 2 remortgages or home loans, please tell us in **Part 21 Other information**.

**Do you or your partner have an insurance policy to pay the mortgage or home loan if you become unemployed or ill?**

No

Yes  Have you made a claim on the insurance policy?

No

Yes

**Is any part of the place where you live rated as a business?**

No

Yes

**Do you or your partner pay ground rent?**

Please send us proof of your ground rent. For example, your lease.

No

Yes  How much is paid, and how often?

£  every  weeks / months / year

**Is your or your partner's home leasehold?**

No

Yes  When the lease was first granted, was it for more than 21 years?

No

Yes

**How many rooms are there in your home?**

Do not count the kitchen, hall, bathroom or toilet.

 rooms

## Part 18: Living in a care home

	You	Your partner
Do you or your partner live in a care home?	No <input type="checkbox"/> Go to <b>Part 19 Special circumstances</b> . Yes <input type="checkbox"/>	No <input type="checkbox"/> Go to <b>Part 19 Special circumstances</b> . Yes <input type="checkbox"/>
Are you or your partner paying for this care out of your savings?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner living in a care home temporarily?	No <input type="checkbox"/> Yes <input type="checkbox"/> How long do you expect to stay? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How long do they expect to stay? <input type="text"/>
Are your friends or family paying for this care?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Did you or your partner ever own your home before you moved to where you live now?	No <input type="checkbox"/> Go to <b>Part 19 Special circumstances</b> . Yes <input type="checkbox"/>	No <input type="checkbox"/> Go to <b>Part 19 Special circumstances</b> . Yes <input type="checkbox"/>
Who owned the home?	<input type="checkbox"/> You <input type="checkbox"/> Your partner <input type="checkbox"/> Both of you	
Has it been sold?	No <input type="checkbox"/> Yes <input type="checkbox"/> When was it sold? <input type="text"/> / / How much was it sold for? £ <input type="text"/>	
If it has not been sold, does anyone live there?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.	

## Part 19: Special circumstances

### Have you separated from a person who used to be your partner in the last 6 months?

If you need to tell us about more than one person, please tell us about them in **Part 21**

#### Other information.

Surname

Other names

Address

Date of birth

National Insurance (NI) number, if you know it

When did you separate?

Is this separation temporary?

Has this person gone abroad?

#### You

No  Go to **page 39**.

Yes  Please tell us about this below.

Letters   Numbers   Letter

No

Yes  Please tell us about this below.  
For example, the reason for the separation and how long you expect it to last.

No

Yes  Have they gone abroad permanently?

No

Yes

#### Your partner

No  Go to **page 39**.

Yes  Please tell us about this below.

Letters   Numbers   Letter

No

Yes  Please tell us about this below.  
For example, the reason for the separation and how long you expect it to last.

No

Yes  Have they gone abroad permanently?

No

Yes



## Part 19: Special circumstances continued

**Will the person who used to be your partner keep paying anything towards the rent or mortgage, or any household bills?**

No

Yes  Please tell us about this below.

What is this payment for?

How much do you expect to get?

When will you get this payment?

How often will this be paid?

If you need to tell us about more payments, please tell us about them in **Part 21 Other information**.

**Payment 1**

**Payment 2**

**Payment 3**

**Payment 4**

£

£

£

£

**If the person who used to be your partner is still paying towards your mortgage, who do they make payments to?**

Direct to you

Direct to your lender

**Has the person who used to be your partner stopped paying you money?**

No

Yes  Please tell us about the last payment you received.

What was this payment for?

How much did you get?

£

When was this paid?

## Part 19: Special circumstances continued

**Everyone must answer these questions, if you do not your claim may be delayed.**

By the *United Kingdom* we mean England, Scotland, Wales and Northern Ireland.

**If a UK national, do you or your partner have the right of abode in the UK?**

For example, you have the right of abode in the UK if you are a British citizen.

By *the right of abode* we mean you

- are free from immigration control, **and**
- do not need the permission of an immigration officer to enter the UK, **and**
- can live and work in the UK without restriction.

**At any time, have you or your partner come to live or returned to live in the United Kingdom (UK) from abroad?**

What is your nationality?

Which country have you come from?

What date did you last come to the UK?

Was this to work in the UK?

Has the Home Office put a limit on how long you can stay in the UK?

**You**

No

Yes

No

Yes  Please tell us about this below.

And please send passport or immigration documents for the people you tell us about below with this form. Or you can bring the passport or documents to your local Jobcentre Plus.

You can find the phone number and address on the advert in the business numbers section of the phone book. Look under **Jobcentre Plus**.


 /  / 

No

Yes

No

Yes

**Your partner**

No

Yes


 /  / 

No

Yes

No

Yes

**Part 19: Special circumstances** continued

	Person 1	Person 2
Does your passport say <b>no recourse to public funds</b> ?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you have lived in the UK before, when did you last leave the UK?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Have you or your partner come to the UK under the Family Reunion Scheme?</b>	No <input type="checkbox"/> Please go to the next question. Yes <input type="checkbox"/> Please go to the next page.	
<b>Have you or your partner come to the UK under a sponsorship undertaking?</b> A 'sponsorship undertaking' is a form that a relative must sign to say that they will pay for your living expenses if you settle in the UK. You can find out more by visiting <a href="http://www.gov.uk/browse/citizenship">www.gov.uk/browse/citizenship</a> A sponsorship undertaking is not the same as the Family Reunion Scheme.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.	
Who is being sponsored?	<input type="text"/>	
Name of the sponsor	<input type="text"/>	
Address of the sponsor	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Postcode	
Home Office reference number	<input type="text"/>	
What date did the sponsor sign the sponsorship undertaking?	<input type="text"/> / <input type="text"/> / <input type="text"/>	
If more than one sponsor signed the sponsorship undertaking, please tell us about them in <b>Part 21 Other information</b> .		
<b>We may get in touch with you for more information.</b>		

For our use

UK visa / UK residence permit / NASS 35 provided?

No  Yes

## Part 19: Special circumstances continued

Please answer all of these questions, even if you think they do not apply to you.

	You	Your partner
<b>Are you or your partner an asylum seeker?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Did you first apply for asylum before 3 April 2000?</b>	No <input type="checkbox"/> If you are still an asylum seeker, you will not usually be entitled to benefit. But you may be entitled to get help from the Home Office.  Yes <input type="checkbox"/> Send us proof of the asylum application with this form. Or you can bring the proof to your local Jobcentre Plus.	No <input type="checkbox"/> If they are still an asylum seeker, they will not usually be entitled to benefit. But they may be entitled to get help from the Home Office.  Yes <input type="checkbox"/> Send us proof of the asylum application with this form. Or you can bring the proof to your local Jobcentre Plus.
<b>Have you or your partner recently had a successful decision on your asylum application?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Send us proof of the decision with this form. Or you can bring the proof to your local Jobcentre Plus.	No <input type="checkbox"/> Yes <input type="checkbox"/> Send us proof of the decision with this form. Or you can bring the proof to your local Jobcentre Plus.
What was the date when you got the successful decision of your asylum application?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Have you or your partner been supported by the Home Office while waiting for a decision on your asylum application?</b>	No <input type="checkbox"/> Please go to <b>Part 20 How we pay you.</b> Yes <input type="checkbox"/> Send us details of any support given to you by the Home Office. For example, a letter from the Home Office which tells us about these things.	No <input type="checkbox"/> Please go to <b>Part 20 How we pay you.</b> Yes <input type="checkbox"/> Send us details of any support given to them by the Home Office. For example, a letter from the Home Office which tells us about these things.

## Part 20: How we pay you

**Have we ever paid money into your account before?**

No  Please read the notes and tell us about the account you want to use on the next page.

Yes  Go to the next question.

---

**Do you want us to pay your money into the same account?**

No  Please read the notes and tell us about the account you want to use on the next page.

Yes  Go to **Part 21 Other information**.

---

**We normally pay your money into an account.**

Many banks and building societies will let you collect your money at the post office.

We will tell you when we will make the first payment and how much it will be for. We will tell you if the amount we pay into the account is going to change.

**Finding out how much we have paid into the account**

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

**If we pay you too much money**

If we pay you too much money we have the right to take back any money we pay that you are not entitled to. This may be because of the way the payment system works.

For example, you may give us some information which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

**We will contact you before we take back any money.**

## What to do now

- Tell us about the account you want to use on the next page. By giving us your account details you
    - agree that we will pay you into an account, and
    - understand what we have told you above in the section **If we pay you too much money**.
  - If you are going to open an account, please tell us your account details as soon as you get them.
  - If you do not have an account, please contact us and we will give you more information.
- 

**Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.**

---

## About the account you want to use

- You can use an account in your name, or a joint account.
- You can use someone else's account if
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a credit union account. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an appointee or a legal representative acting on behalf of the claimant, the account should be in your name only.

Please tell us your account details below.

**It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.**

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

### Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

### Full name of bank or building society

### Sort code

Please tell us all 6 numbers, for example: 12-34-56.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

## Part 21: Other information

**Please use this space to tell us anything else you think we might need to know.**

If there is not enough space, please use a separate sheet of paper. Make sure that you

- tell us who the information is about, **and**
- put your full name and National Insurance number on each sheet of paper, **and**
- sign and date each sheet that you use.



# Part 22: Filling in this form for someone else

Are you filling in this form for someone else?

No  Go to **Part 23 Declaration**.  
Yes  Tell us about yourself below.

Surname

Other names

Any other surnames you have been known by

Title

Mr Mrs Miss Ms Other title

Date of birth

 

National Insurance (NI) number

You can get this from payslips or from tax papers.

Letters Numbers Letter

Address

  
  
  

Mobile phone number

Daytime phone number, if different

work  home  mobile



## Part 22: Filling in this form for someone else continued

**Are you signing this form for someone else?**

No  Go to **Part 23 Declaration**.

Yes  Even though you can fill in this form for another adult, they must still sign it themselves unless one or more of the following apply.

Tick one of the boxes below.

**I am signing this form on their behalf because**

I have Power of Attorney for them.

Please send us your power of attorney document or certified copy with this claim form. Remember to sign the **Declaration** at **Part 23**.

I am a receiver or deputy for them under a Court of Protection Order, or in Scotland a tutor, curator or guardian appointed in terms of the law.

Please send us the relevant document or certified copy with this claim form. Remember to sign the **Declaration** at **Part 23**.

The Department for Work and Pensions has already appointed me to get their benefits and to deal with letters about their benefits.

We will send all letters about this claim directly to you.

They cannot manage their own affairs because of a mental illness or a mental disability.

We will get in touch with you about this. The Department for Work and Pensions may appoint you to get their benefits and to deal with letters about their benefits.

They are so ill or disabled they find it impossible to sign for themselves.

We will get in touch with you about this.

**If the person does not know you are signing this form for them, please tell us why.**

## Part 23: Declaration

Please read the **Notes at the front of this form, and the text below.**  
Then sign and date the form at the bottom of this page.

- **I declare** that I have read and understand the notes at the front of this form, the information I have given on this form is correct and complete and I have included all my income and savings.
- **I understand** that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty. I will phone **0345 608 8545**, or write to the office that pays my benefit, to report any change in my circumstances.
- **If I give false** or incomplete information or fail to report changes in my circumstances promptly, I understand that my Employment and Support Allowance may be stopped or reduced and any overpayment may be recovered. In addition, I may be prosecuted or face a financial penalty.
- **I agree** that
  - the Department for Work and Pensions
  - any approved health care professional advising the Department
  - any organisation with which the Department has a contract for the provision of assessment servicesmay ask any of the people or organisations mentioned on this form for any information which is needed to deal with
  - this claim for benefit
  - any request for this claim to be looked at againand that the information may be given to that approved health care professional or organisation or to the Department.
- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
  - the benefit I am claiming
  - any other benefit I have claimed
  - any other benefit I may claim or be awarded in the future.
- **I agree** to my doctor, or any doctor treating me, being informed about the Secretary of State's determination on
  - limited capability for work
  - limited capability for work related activity, or
  - both.

**This is my claim for Employment and Support Allowance.**

Signature

Date

Please tick this box if someone filled in this form for you.

## Part 24: What to do now

### Check

that you have answered all the questions on this form that apply to you and your partner, if you have one.

### Check

that you have given us ALL your account details in **Part 20 How we pay you** if you want to be paid directly into your account.

### Check

that you have signed and dated this form.

### Check

**that you have sent us all the documents we have asked for. Use the checklist below.**

### Proof of identity

It is important that we can be sure of your identity when you claim Employment and Support Allowance. We may need to ask you more questions about this. We may also need to see official documents that help prove your identity.

A National Insurance number is not proof of identity.

Even if you do not have all the documents we ask for, **send this form back to us straight away**. Send us the documents you do not have later.

**You may lose benefit if you do not provide original documents within one month of the date that your claim form was sent to you.**

You	Your partner		You	Your partner		You	Your partner	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Claim form</b> This Employment and Support Allowance claim form.	<input type="checkbox"/>	<input type="checkbox"/>	<b>About money</b> Proof of savings over £5,500 including any share certificates.	<input type="checkbox"/>	<input type="checkbox"/>	<b>About illness or disability</b> <b>DS1500 Report.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>About you and your partner</b> Any passport or immigration documents we have asked for.	<input type="checkbox"/>	<input type="checkbox"/>	Proof of savings over £9,500, if you or your partner live in a care home.	<input type="checkbox"/>	<input type="checkbox"/>	<b>About work, education or training</b> The last 5 weekly payslips or last 2 monthly payslips, if you or your partner are still working.
<input type="checkbox"/>	<input type="checkbox"/>	Any proof we have asked for about an asylum application.	<input type="checkbox"/>	<input type="checkbox"/>	Proof of any pension income you have told us about.	<input type="checkbox"/>	<input type="checkbox"/>	Discharge papers if you have just left HM Forces.
			<input type="checkbox"/>	<input type="checkbox"/>	Proof of any payments from a credit insurance policy.			
			<input type="checkbox"/>	<input type="checkbox"/>	Any proof we have asked for about any other money coming in.			

## Part 25: Where to send your form and documents

Send this form and any documents we have asked for in the enclosed envelope.

## Part 26: What happens next

- If you are entitled to Employment and Support Allowance we will write to tell you how your benefit has been worked out and how you will be paid.
- If you are not entitled to Employment and Support Allowance we will write to tell you why and what to do if you disagree with the decision.
- If you have claimed Housing Benefit or applied for a reduction in Council Tax, your local council will get in touch with you.
- We will not be able to deal with your claim and may have to send your claim form back to you if
  - you have not answered all the questions on this form that apply to you and your partner, if you have one, or
  - you have not provided all the documents we have asked for.

## For our use

### Declaration

**The answers I have given** to the questions on this form have been read back to me. I agree they are correct and complete as far as I know and believe.

**Claimant's signature**

**Date**

**Interviewing officer's signature**

**Interviewing officer's name**