

MEDICAL CONDITION

What is the nature of your illness/disability

Are you on any medication?
Yes No

If yes please provide details:

Do you receive specialist care?
Yes No
If yes please provide details of the care and location

Doctor's name and contact details:

Is anyone else in your household on any medication?

If yes please provide details

Do they receive specialist care?

If yes please provide details

Other special circumstances to remain in the borough:

Do you or anyone else in your household get any other form of support? Yes No

Details:

Do you have a registered carer? Yes No Details:

Do you have caring responsibilities? Yes No

Details:

RISK OF VIOLENCE

Are you or anyone in your household at any risk of violence or abuse? Yes No

From Whom	What locations are you at risk in	Details of Risk (who and what):

FINANCIAL INFORMATION

Are you receiving any of the welfare benefits below:		Amount PW	Proof Seen
Income Support	Y / N	£	Y / N
Disability Living Allowance /PIP	Y / N	£	Y / N
Job Seekers Allowance	Y / N	£	Y / N
Incapacity Benefit / Employment Support Allowance	Y / N	£	Y / N
Child Tax Credits	Y / N	£	Y / N
Working Tax Credits	Y / N	£	Y / N
Housing Benefit	Y / N	£	Y / N

Child benefit	Y / N	£	Y / N
Maintenance	Y / N	£	Y / N
Carers Allowance	Y / N	£	Y / N
Any other income please specify	Y / N	£	Y / N
Contributions from other household members (or the amount which might reasonably be expected to be contributed by other household members)	Y / N	£	Y / N

EXPENDITURE

Car insurance	£	PW	£	PM
Rent	£	PW	£	PM
Road tax	£	PW	£	PM
Breakdown cover	£	PW	£	PM
Parking	£	PW	£	PM
Bus/train fares	£	PW	£	PM
Taxis	£	PW	£	PM
Satellite/digital TV	£	PW	£	PM
Home phone	£	PW	£	PM
Internet/broadband	£	PW	£	PM
Mobile phone	£	PW	£	PM
Gas/Water/Electricity	£	PW	£	PM
Household shopping	£	PW	£	PM
Other	£	PW	£	PM

SAVINGS AND OTHER ASSETS

Type of asset (eg saving, premium bonds, shares)	Where asset is held (eg name of bank)	Amount
TOTAL SAVINGS/ASSETS		

DEBTS

Debt/arrears (eg rent arrears, loans, Magistrates' fines)	Who is owed the debt/arrears	Amount
Judgement Debt		
Housing Benefit overpayment		
Loans		

Store Cards		
Credit Cards		
Bank/overdraft		
TOTAL DEBTS		

LIST OF EXEMPTIONS			
If the tenant is receiving any of the welfare benefits below then they will be exempt from the Benefits Cap	Name of person receiving	Amount PW	Proof seen
Working Tax Credits		£	Y / N
War Widows		£	Y / N
Disability Living Allowance (PIP)		£	Y / N
Attendance Allowance		£	Y / N
Industrial injuries benefit		£	Y / N
ESA (Support Component)		£	Y / N

EARNED INCOME			
Are you or anyone in your household working? Y/N			
Name of person working	Hours worked PW	Salary PW	Proof seen
		£	Y / N
		£	Y / N
		£	Y / N
		£	Y / N
		£	Y / N

Please give full details of any employment claimed above	
Please indicated nature of employment: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Self Employed <input type="checkbox"/>	
Name of Employer	
Job Title/Position Held	
Address details	
Length of employment	
Work related travel costs	

If Self Employed please provide further details of any relevant additional information in the section at the end of this form including the nature of the work, when accounts were last filed, together with the company registration details etc.

Caution

The London Borough of Brent is actively committed to the detection and prevention of fraud and will also prosecute those who commit fraud. All clients are reminded that under s214 of the Housing Act 1996 it is a criminal offence to knowingly or recklessly make a statement which is false or to withhold relevant information. Under the Counterfeit forgery Act 1981 it is a criminal offence to hold and /or use false or counterfeit documents such as passport, immigration document, National Insurance number or bank cards etc.

Signature _____ Print Name _____ dated _____

Spouse/Partner
Signature _____ Print Name _____ dated _____

Additional Supporting Information: