

APPLICATION FOR SECOND ADULT REBATE FROM PERSONS OF PENSIONABLE AGE

If you are the only person in your home who is liable to pay Council Tax but there is at least one other person aged 18 or over resident who is not your partner or a genuine lodger, you might be entitled to support based on their low income. This is called a 'Second Adult Rebate' and you should complete this form if you wish to claim.

Issued on <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	PRIVATE AND CONFIDENTIAL	Received on <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
For official use only <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		

1. APPLICANT'S DETAILS

Name		Mr/Mrs/Miss/Ms
Address		
	Tel No:	

You must provide two items of identity, such as: passport, driving licence, bank statement, in support of this application. Please also provide documentary evidence of your national insurance number. All documents supplied must be original, not photocopies.

Do you have a partner living with you? Yes No

Please read the accompanying leaflet for help with filling in this form.
 When complete check that you have enclosed all proofs required and signed the form on page 2. If however some documents are not available **DO NOT DELAY IN RETURNING THIS FORM** as this may result in loss of benefit.

2. YOUR HOUSEHOLD

Please give details of the other adults in the household, ie those over 18, including those temporarily absent.

Full Name	Date of Birth	National Insurance Number	Relationship to Applicant	In Full Time Education	Receiving a state Benefit (please state which benefit)	Working* - give gross weekly earnings (£)	Benefits Received*		Income from capital* eg shares/savings	
							Type	Weekly amount (£)	Where invested	Amount (£) and frequency

*You should provide proof of any amounts declared here.

- If
- (i) working please provide the last 5 weekly or 2 monthly wage slips
 - (ii) in receipt of benefit please provide a copy of the entitlement letter or order book
 - (iii) receiving income from capital please provide a bank or dividend statement or other statement of income/interest
 - (iv) if you have no income a statement confirming how you are supporting yourself

3. TO BE READ AND SIGNED BY ALL APPLICANTS

- I enclose all relevant documents.
- To the best of my knowledge all information given is accurate and true.
- I authorise the Council to verify this information should they wish to do so.
- I shall advise the Housing Benefit Section in writing immediately of any changes in my circumstances or those of any member of my household (including a change in income).
- I understand that under sections 110 and 112 of the Social Security Administration Act 1992 any person dishonestly obtaining benefit will face prosecution.

You should inform this authority of any change of circumstances including a change in the members of the household and any change in their income to avoid any overpayment which may be recoverable from you. Please see the enclosed leaflet for further details.

SIGNATURE OF APPLICANT

DATE

This information can be provided in alternative formats including large print, audio tape, Braille and other languages by calling 023 8068 8000, email direct@eastleigh.gov.uk or text 07797 877001.

PLEASE CHECK THAT YOU HAVE ENCLOSED ALL PROOFS REQUIRED. HOWEVER IF SOME DOCUMENTS ARE NOT AVAILABLE, DO NOT DELAY IN RETURNING THIS FORM AS THIS MAY RESULT IN LOSS OF REBATE.