

| Partner | | |
|-------------------------|----------------|-----------------------|
| Name of Bank/Investment | Account Number | Current Balance/Value |
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If the total of your savings/investments is more than £6,000 please provide proof for all savings, such as all bank, building society or post office books, full bank statements, or certificates for premium bonds, National Saving Certificates, ISA's, stocks/ share certificates and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. We need to see this evidence for children in your household as well. The evidence you send must show details for at least 2 months.

ORIGINAL DOCUMENTS MUST BE SUPPLIED.

Declaration

Please read this declaration carefully before you sign and date it.

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form should allow us to process your claim more quickly.

- **I understand** that this claim is made to you, my local council
- **I declare** that the information I have given on this form is correct and complete as far as I know and believe
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I agree** that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit or both. You may check some of the information with other sources as allowed by the law. Data held may be used in comparison for the purposes of prevention and detection of fraud.
- **I understand** that you may use any information I have provided in connection with this and any other claim or social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I know** that I must let The Benefits Team at Blaby District Council know in writing, straight away, about any changes in my circumstances which might affect my claim.

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|------------------------------|--|
| Signature of person claiming | |
| Date | |

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|---------------------|--|
| Partner's Signature | |
| Date | |