



# Application for Second Adult Rebate

Rushcliffe Borough Council, Rushcliffe Arena, Rugby Road,  
West Bridgford, Nottingham, NG2 7YG  
Phone: 0115 9819911

E-mail: [revenues@rushcliffe.gov.uk](mailto:revenues@rushcliffe.gov.uk)  
Website: [www.rushcliffe.gov.uk](http://www.rushcliffe.gov.uk)

|                      |     |
|----------------------|-----|
| Date issued          | / / |
| Special instructions |     |
| Reason for issue     |     |

## About this form

Fill in this form if you need help to pay your Council Tax. If you need any help or advice about filling in this form, please let us know and we will be pleased to help you. Our address and phone number are at the top of this page. Please read the form carefully and answer all the questions that apply to you. Once you have filled in the form, return it to us straight away. Never delay returning this form.

## Part 1 About you and your partner

In this part, give details about yourself and your partner, if you have one. By 'partner' we mean a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner.

Do you have a partner who normally lives with you?

No

Yes

Answer all the questions about them as well as yourself.

You

Your partner

Last name



Other names



Title (Mr, Mrs, Miss and so on)



Date of birth

 /  / 
 /  / 

National Insurance number  
(We cannot decide your claim if we do not have your National Insurance number.)

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Address and postcode  
(Do not tell us your partner's address if it is the same as yours.)



Are you:

- an owner occupier?
- a private tenant?
- a subtenant?

- a housing-association tenant?
- a boarder?

## Part 1 About you and your partner - (continued)

|   | You   | Your partner  |
|---|---|---|
| If you are a tenant, when did your tenancy start?   | <input type="text"/> / <input type="text"/> / <input type="text"/>                        | <input type="text"/> / <input type="text"/> / <input type="text"/>                        |
| When did you move into this property?   | <input type="text"/> / <input type="text"/> / <input type="text"/>                        | <input type="text"/> / <input type="text"/> / <input type="text"/>                        |
| Any other names you have used   | <input type="text"/>  | <input type="text"/>  |
| Your daytime phone number<br>(You do not have to tell us this, but it may help us to deal with your claim more quickly.)                                    | <input type="text"/>  | <input type="text"/>  |
| Your e-mail address.<br>(You do not have to tell us this, but it may help us to deal with your claim more quickly.)   | <input type="text"/>  | <input type="text"/>  |
| If you have moved home in the last 12 months, tell us your last address.  | <input type="text"/>  | <input type="text"/>  |
| Have you claimed Housing Benefit, Local Housing Allowance or Council Tax Reduction before?  | No <input type="checkbox"/> Yes <input type="checkbox"/>                                  | No <input type="checkbox"/> Yes <input type="checkbox"/>                                  |
| If 'Yes', what address did you last claim for?  | <input type="text"/>  | <input type="text"/>  |
| When did your claim end?  | <input type="text"/> / <input type="text"/> / <input type="text"/>                        | <input type="text"/> / <input type="text"/> / <input type="text"/>                        |
| Did you own this property?  | No <input type="checkbox"/> Yes <input type="checkbox"/>                                  | No <input type="checkbox"/> Yes <input type="checkbox"/>                                  |
| Have you come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years? | No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this. | No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this. |
| What is your nationality?   | <input type="text"/>  | <input type="text"/>  |
| If your nationality is not British, on what date did you last enter the UK?<br>(The UK is England, Northern Ireland, Scotland and Wales.)                   | <input type="text"/> / <input type="text"/> / <input type="text"/>                        | <input type="text"/> / <input type="text"/> / <input type="text"/>                        |

## Part 1 About you and your partner - (continued)

Have you continuously been in hospital for the last 52 weeks?

**You**  
No  Yes  When did you go in?

/  /

When will you come out (if you know this)?

/  /

**Your partner**  
No  Yes  When did you go in?

/  /

When will you come out (if you know this)?

/  /

Does anyone get Carer's Allowance for looking after you?

No  Yes  Give details below.

No  Yes  Give details below.

Name and address of the person receiving it

Name and address of the person receiving it

Number of hours they provide care for

Number of hours they provide care for

Are you looking after someone but not getting Carer's Allowance because you get another benefit?

No  Yes

No  Yes

Are you registered blind?

No  Yes

No  Yes

Are you in legal custody?

No  Yes

No  Yes

Do you have a severe learning disability, mental illness or form of dementia?

No  Yes

No  Yes

Are you living away from home at the moment?

No  Yes  Where are you living?

No  Yes  Where are you living?

**We need to see proof of your (and your partner's) identity. We must see two original documents such as a birth certificate, passport or driving licence. If you have sent these to us within the last year, we do not need to see them again.**

## Part 2 About other people living with you

In this part, please give details of any other people over 16 (apart from your partner and children who you still receive child benefit for) who live in your home (for example, children over 16 who nobody gets Child Benefit for, relatives, friends, lodgers and anyone who pays you rent to live in your home).

Do any people over 16 normally live with you and your partner?

No

Go to **part 3**.

Yes

Give us these other people's details below.

There is space below to tell us about three people. If there are more than three people, give details on a separate sheet of paper and send it to us with this form.

|   | First person  | Second person   | Third person  |
|---|---|---|---|
| Last name   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Other names   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Date of birth   | <input type="text" value="/ /"/>  | <input type="text" value="/ /"/>  | <input type="text" value="/ /"/>  |
| Their relationship to you or your partner   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| National Insurance number   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Do they get Income Support, income based Jobseeker's Allowance, income related Employment Support Allowance, or Pension Credit? | No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.                         | No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.                         | No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.                         |
| Do they get DLA, PIP or Attendance Allowance, or are they registered blind?   | No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.                         | No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.                         | No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.                         |
| Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?                               | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.<br><input type="text"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.<br><input type="text"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.<br><input type="text"/> |
| Do they have a severe learning disability, mental illness or form of dementia?  | No <input type="checkbox"/> Yes <input type="checkbox"/>  | No <input type="checkbox"/> Yes <input type="checkbox"/>  | No <input type="checkbox"/> Yes <input type="checkbox"/>  |
| Are they in legal custody at the moment?  | No <input type="checkbox"/> Yes <input type="checkbox"/>  | No <input type="checkbox"/> Yes <input type="checkbox"/>  | No <input type="checkbox"/> Yes <input type="checkbox"/>  |
|   | When are they due to be released?<br><input type="text" value="/ /"/>                           | When are they due to be released?<br><input type="text" value="/ /"/>                           | When are they due to be released?<br><input type="text" value="/ /"/>                           |

## Part 2 About other people living with you - continued

Are they in hospital at the moment?

**First person**

No  Yes

When did they go in?

 /  / 

When are they expected to come out?

 /  / 

**Second person**

No  Yes

When did they go in?

 /  / 

When are they expected to come out?

 /  / 

**Third person**

No  Yes

When did they go in?

 /  / 

When are they expected to come out?

 /  / 

Do they work?

No  Yes

How many hours a week?

Tell us their earnings before any deductions.

£

What kind of work do they do?

No  Yes

How many hours a week?

Tell us their earnings before any deductions.

£

What kind of work do they do?

No  Yes

How many hours a week?

Tell us their earnings before any deductions.

£

What kind of work do they do?

**We need to see original proof of their earnings.**

Do they have any other income? (For example, pensions, allowances or benefits.)

No  Yes

Give us the total of all their other income before deductions.

£

No  Yes

Give us the total of all their other income before deductions.

£

No  Yes

Give us the total of all their other income before deductions.

£

**We need to see original proof of their other income.**

Do they get interest from any accounts, savings or investments?

No  Yes

How much interest do they get each year?

£

No  Yes

How much interest do they get each year?

£

No  Yes

How much interest do they get each year?

£

**We need to see original proof of how much interest they get.**

Do they pay you or your partner rent?

No  Yes

How much each week?

£

No  Yes

How much each week?

£

No  Yes

How much each week?

£

Does this rent include any meals?

No  Yes

No  Yes

No  Yes

Are any of the people who normally live with you married to each other or living together as if they were married?

No  Yes  Tell us their names.

is the partner of

is the partner of

**We need to see original proof of the earnings, income and interest of any other people in your home unless they are a boarder or subtenant who pays rent to you or your partner.**

**If you do not send us this original proof, we will have to take off the highest amount allowed for these people. If any of these people are not willing to give you this original proof, we may be able to contact them direct to get it. If you would like us to do this, please write and let us know.**

## Part 3 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they should sign this declaration as well.

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

**I understand the following:**

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim. You may check some of the information with other council departments, rent offices, other councils and government organisations.
- You may use any information I have provided in connection with this and any other claim I have made or may make for state benefits or Discretionary Housing Payments. You may give some information
- You may also use any information I have provided to keep my, or my partner's, Council Tax account up to date, and to award or remove any relevant discounts.

**I know** I must let you know about any change in my circumstances (or the circumstances of anyone in my household) which might affect my claim. **I know** I must let you know about any change as soon as I know about it.

**I declare** the information I have given on this form is correct and complete and that I have read and understood the declaration above.

**Signature of person claiming:**

**Date:**

**Partner's signature:**

**Date:**

Under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004, we may have to release the information in this form if we are asked to do so. However, under the Data Protection Act 2018, your personal information will not be released without your permission, except where the law allows. You can find additional details of how the Council handles personal data in the Council's Privacy Policy at: [www.rushcliffe.gov.uk/privacy/](http://www.rushcliffe.gov.uk/privacy/).

By law, we may pass your personal information to other local authorities and government departments and agencies to prevent and detect fraud, corruption, money laundering and other crimes and to manage your affairs.

If this form has been filled in by someone other than the person claiming, please tell us why you are filling in this form for the person claiming and confirm whether you are acting on their behalf during this claim.

Name of the person who filled in this form

Signature of the person

Relationship to the person claiming

Date

## Part 4 Returning the form

Once you have filled in this form, return it to us straightaway. **Do not delay returning this form to us as you could lose help if you do delay.** If you have a problem filling in the form, phone us on 0115 9819911 and we will be glad to help you. Remember to send us all the proof we have asked. If you cannot send us all the proof we need with the form, return the form anyway and send us the proof as soon as you can. Please let us know if this will take more than four weeks. All proof must be original documents – we cannot accept copies.

You can bring the form to us at:  
West Bridgford Customer Contact Point  
West Bridgford Library  
Bridgford Road, West Bridgford  
Nottingham  
NG2 6AT

The Customer Service Centre is open from 8:30am to 5pm Monday and Thursday and Friday from 8:30am to 4:30pm.

You can also take this form to one of the following customer contact points:

- Cotgrave Contact Point, Cotgrave Hub, Rivermead, Cotgrave
- East Leake Contact Point, East Leake Library, Gotham Road, East Leake
- Bingham Contact Point, Bingham Health Centre, Newgate Street, Bingham

If you are sending important documents with your claim, you should take the form to one of our offices. Don't send valuable documents in the post. If you cannot get to one of our offices, phone us for advice.

If you need help or advice about Housing Benefit, Local Housing Allowance or Council Tax Reduction, please phone us on 0115 981 9911. We may also be able to help you with other state benefits and council services.

## Part 5 Changes you must tell us about

You must tell us straight away if your circumstances change. You can do this by phone (0115 981 9911), by e-mail ([revenues@rushcliffe.gov.uk](mailto:revenues@rushcliffe.gov.uk)) or by visiting our website ([www.rushcliffe.gov.uk](http://www.rushcliffe.gov.uk)). You will need to write to Revenues Services to confirm that your circumstances have changed and provide proof of what the change is. You can also call in to one of our offices to tell us about a change. You must do this within one month of the date of the change or you may lose out. If you are late telling us about a change in your circumstances you should tell us the reason for being late. A change on circumstances could be things like the following.

- If you or your partner start or stop getting Income Support or any other state benefit
- If you or your partner start or stop getting Working Tax Credit and or Child Tax Credit or the amount changes
- If your or your partner's wages change
- If the number of people living with you changes
- If any children leave school
- If you move, including moving flats or rooms in the same building
- If you have another child.

This list gives examples. There are also other things that you need to tell us about.

If you receive Pension Credit, you must tell The Pension Service about certain changes, including:

- a change in income;
- if you have a new partner;
- if you become single; or
- if you move into permanent residential care.

## Equality and Diversity Monitoring (you do not have to complete this section)

To help us monitor the effectiveness of our equality and diversity policies, please answer the following questions. We will only use this information in our monitoring services. Your benefit will not be affected if you do not fill out this form.

### 1. GENDER

Male  Female  Transgender

### 2. AGE

What was your age on your last birthday?

### 3. DISABILITY

Do you have any long-standing illness, disability or infirmity? Yes  No

If 'Yes', does the illness or disability limit your activities in any way? Yes  No

### 4. SEXUALITY

Bisexual  Gay  Heterosexual  Lesbian  Prefer not to state

### 5. ETHNICITY

For the purposes of this monitoring form, 'ethnicity' relates primarily to skin colour and not nationality, place of birth or citizenship.

#### Asian or Asian-British

Indian  Pakistani

Bangladeshi  Other Asian background (please state)

#### Black or Black-British

Caribbean  African  Other Black background (please state)

#### Chinese or any Other Ethnicity

Chinese  Other Ethnicity (please state)

#### Dual Heritage

White & Black Caribbean  White & Black African

White & Asian  Other Dual Heritage (please state)

#### White

British  Irish  Other White background (please state)

### 6. RELIGION

Religion is "any religion, religious belief, faith or similar philosophical belief"

Christianity  Muslim  Hindu  Buddhist  Jewish

Sikh  No Religion  Other

If "Other" – please state



In the table below, give details for the last five weeks, the last two fortnights, the last two four-week periods or the last two months, whichever is appropriate to how often they are paid.

| Period number | Period ending | Number of hours worked | Basic pay (gross) | Overtime or bonus | Holiday pay | Statutory Sick Pay, Maternity Pay or Paternity Pay | Expenses | Profit-related pay | Working Tax Credit | Total gross pay | Tax paid | Employee's National Insurance contribution | Employee's pension contributions |
|---------------|---------------|------------------------|-------------------|-------------------|-------------|--|----------|--------------------|--------------------|-----------------|----------|--|----------------------------------|
|               |               |                        |                   |                   |             |  |          |                    |                    |                 |          |  |                                  |
|               |               |                        |                   |                   |             |  |          |                    |                    |                 |          |  |                                  |
|               |               |                        |                   |                   |             |  |          |                    |                    |                 |          |  |                                  |
|               |               |                        |                   |                   |             |  |          |                    |                    |                 |          |  |                                  |
|               |               |                        |                   |                   |             |  |          |                    |                    |                 |          |  |                                  |
|               |               |                        |                   |                   |             |  |          |                    |                    |                 |          |  |                                  |
|               |               |                        |                   |                   |             |  |          |                    |                    |                 |          |  |                                  |
|               |               |                        |                   |                   |             |  |          |                    |                    |                 |          |  |                                  |
|               |               |                        |                   |                   |             |  |          |                    |                    |                 |          |  |                                  |

**Business stamp**

**Pay to date for the current year**

From:  /  /  To:  /  /

Period number:  Period number:

Gross pay: £  :

Tax: £  :

Employee's National Insurance contributions: £  :

Employee's pension contributions: £  :

I confirm that the information I have provided is true and correct.

Your signature:  Date:

Print your name:  Your position in the firm:

We will not accept this certificate without a business stamp or an accompanying letter, on the company's headed paper, which has been signed by the employer.

# Certificate of earnings

**Claim reference:**

Rushcliffe Borough Council,  
Rushcliffe Arena, Rugby Road  
West Bridgford, Nottingham, NG2 7YG.  
Phone: 0115 9819911 Fax: 0115 9455882



**Fill in this part and then give it to your employer for them to fill in the rest of the certificate.**

**Your name:**

**Your**

**occupation:**

**Your address:**

I authorise you to make any enquiry which may be necessary to confirm the information I have put on my application.

**Your signature:**

**Date:**

**To be filled in by the employer and returned direct to us at the address above.**

**Please help your employee by confirming the details above and providing the information we ask for below and over the page.**

How often do you pay the employee (for example, every four weeks, every month and so on)?

Your name:

How many hours do they normally work each week?

Business address:

Please say how you normally pay them (for example, cash, cheque, into their bank).

Employee's National Insurance number:

Business phone number:

What date did they start working for you?

Employee or work number: