



South Somerset District Council

Benefits Unit The Council Offices Brympton Way Yeovil Somerset BA20 2HT

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I Potter Head of Revenues & Benefits

Non-Dependant Information

Claimants full name:

Claimants full address:

Postcode

Do you or your partner receive:

The care component of Disability Living Allowance? **Yes / No**

Attendance Allowance? **Yes / No**

Are you or your partner registered blind? **Yes / No**

Non-dependant's details:

Surname:

First names:

Date of birth:

Relationship to you (eg son, daughter, niece, nephew, none):

Date joined your household:

Are they jointly responsible with you for paying the rent? **Yes / No**

Do they jointly own the property with you? **Yes / No**

Are they in prison? **Yes / No**

If yes, what date did they enter prison?

Are they in hospital? **Yes / No**

If yes, what date did they enter hospital?

Are they registered blind? **Yes / No**

Are they severely mentally impaired? **Yes / No**

Do they care for someone in your home? **Yes / No**

If yes, how many hours care do they provide?

Non-dependant's income details:

Do they work? Yes / No

If yes, how much do they earn before any deductions? £

Are they self-employed or a subcontractor? Yes / No

How often are they paid? (eg weekly, fortnightly four-weekly, monthly)

How many hours do they work weekly?

Are they on a Government Training Scheme? Yes / No

If yes, please say which scheme

Are they a full-time student or student nurse? Yes / No

Do they have savings or investments? Yes / No

If yes, how much interest do they receive on the savings or investments? £ How often is this received?

Do they get Income Support? Yes / No

Do they get Jobseeker's Allowance? Yes / No

Do they get Incapacity Benefit? Yes / No

Do they get Pension Credit? Yes / No

Do they get Employment Support Allowance? Yes / No

Do they get Attendance Allowance? Yes / No

Do they get Disability Living Allowance? Yes / No

Do they receive any other incomes? Yes / No

If yes please say what these are:

If the person on this form has a partner or a child who also lives in your household, please confirm the relationship details below:

is the partner of:

is the child of:

Declaration:

The information I have given on this form is, to the best of my knowledge, true and complete. I realise that if I give false information I may be prosecuted.

Signature:

Date: