

Nil income form

Help with rent & council tax

Please only complete this form if you have little or no income, or if you're getting help from friends and family.

Identity

Full Name:

Date of Birth:

DD / MM / YYYY

National insurance no:

Current Address:

Mobile:

Email:

Day to day living expenses

How are you meeting your day-to-day living expenses, and what evidence can you give to show us?

If a third party is supporting you, are they giving you the money to live on or are you expected to repay this money?

If you are expected to repay this money, what arrangements are in place to do this?

Is the money that you are receiving from this third party a set amount that is paid on a regular basis? (Please give us details of how much you receive, how often you receive it and for how long you will continue to receive the income)

You may be asked for additional evidence if this is the case

Future circumstances

Are you expecting your circumstances to change in the near future?
(Please tell us how)

Are you going to claim another benefit such as Universal Credit, Jobseekers Allowance, Income Support or Employment and Support Allowance? (Please give us details)

If you continue to have little or no income, but you are not going to claim for one of these benefits, please tell us why?

Capital & savings

Do you have any capital (savings or investments) in a Bank, Building Society or Post office account? Please detail all of your accounts/shares below.

If you want to give any further details, please write on a separate sheet and enclose it with this form.

Declaration

- I will tell you if any of the details on any of the letters you send me are incorrect.
- The information I have given is true and correct. If any of the information is found to be untrue and I get too much benefit or reduction, I will be asked to pay it back and could be prosecuted.
- I will write to you straight away if there are any changes in my circumstances, so that you can work out my benefit and/or reduction again. If I do not, and I get too much benefit or reduction, I will be asked to pay it back and could also be prosecuted.

Please sign and date the form below (if you have a partner they should also sign and date below)

You	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Your Partner	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>

If someone else has filled in this form on your behalf please say why below and ask them to sign and date this form.

Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Reason	<input type="text"/>		

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Telephone: **01273 292000** (8.30am to 5pm)
Minicom: **01273 290333**
Fraud hotline: **01273 291847**
Recovery line: **01273 291970**
Fax number: **01273 291234**
Email: **housing.benefits@brighton-hove.gov.uk**
Website: **www.brighton-hove.gov.uk/benefits**