

## **Registration and personal details**

Postcode

Create username

Create password

Re-type your password

Security question 1

Security question 2

First name

Middle names

Last name

Date of birth

Email address

Mobile phone number

How do you want to be contacted?

*Email / Text*

Email verification code

Home address

## **Nationality**

Are you a British citizen?

In the last 2 years, have you been out of the UK for more than 4 weeks at a time?

## **Housing**

Do you own or pay rent for your home?

What is your current housing situation?

*Own a property - with or without a mortgage*

Do you have a mortgage or other loan secured on your property?

Do you pay service charges for this property?

*Rent from private landlord*

When did you move to this address?

How much rent do you pay?

Who do you pay rent to?

*Landlord, council or housing association / Landlord's agent*

Name of landlord or agent

Address

Contact phone number

Email address

Do you live at the same address as your landlord?

Is anyone living at your address related to your landlord?

Is the company you pay rent to owned or managed by:

- you
- anyone related to you
- anyone who lives at your address

How many bedrooms do you have, as listed in your tenancy or rental agreement?

Do you have a joint tenancy?

How many people in the joint tenancy?

How much is the total rent paid by everyone?

*Rent from council housing association*

When did you move to this address?

How much rent do you pay?

How much do you pay in service charges?

Do you have any rent free weeks?

How many weeks each year?

Who do you pay rent to?

*Landlord, council or housing association /  
Landlord's agent*

Name of landlord or agent

Address

Contact phone number

Email address

How many bedrooms do you have, as listed in  
your tenancy or rental agreement?

Do you have a joint tenancy?

How many people in the joint tenancy?

How much is the total rent paid by  
everyone?

*Live in shared ownership*

*Live in temporary accommodation*

*Live in other types of housing*

### **Who lives with you?**

How many children do you want to apply for?

Child details:

First Name

Last Name

Gender of the child

Date of birth

Is [the child] in the care of the local authority not including  
respite care?

Is [the child] currently abroad?

Is [the child] in prison or custody pending trial/sentence?

Is [the child] blind?

Is [the child] receiving Disability Living Allowance (DLA)?

Is [the child] receiving Personal Independence Payment (PIP)?

Tell us who the primary carer is for all your children still in full-time education  
or training.

*[claimant name] / [claimant name]*

How many other people live with you?

First Name

Last Name

Gender

Date of birth

Is [this person] receiving Disability Living Allowance (DLA)?

Is [this person] receiving Personal Independence Payment (PIP)?

Is [this person] receiving Attendance Allowance or Constant Attendance Allowance paid as part of industrial injuries disablement benefit or war disablement pension?

Is [this person] receiving Carer's allowance?

Is [this person] receiving Armed Forces Independence Payment?

Is [this person] currently abroad?

Is [this person] in prison or in custody awaiting trial/sentence?

Is [this person] a member of the armed forces away on operations?

### **Childcare**

Do you have any childcare costs that you can claim?

Name of [childcare] provider

Registration number

Telephone number

Address

How much [in childcare costs] you paid

Date you paid

Dates covered by this payment

Which children does this provider care for?

## **Work and earnings**

Are you currently working?

Have you stopped working in the last 3 months?

What date did you stop work?

Are you expecting any earnings from any previous employment in the next month?

Please tell us how much you are expecting

In the next month, are you going to be self-employed?  
Are you starting any employment in the next month?

When do you expect to start?

How many hours do you expect to work?

How much do you expect to earn?

What is your employment status?  
*Employed / Self-employed / Both employed and self-employed*

Approximately, how many hours do you work in a week?

How much do you usually earn?

Are you currently receiving any of the following from your employer?

- sick pay
- maternity pay
- ordinary paternity pay
- additional paternity pay
- adoption pay
- shared parental pay

Do you currently get maternity allowance?

## **Other income**

Do you have any income, not including earnings and other benefits?

## **Savings and investments**

Do you have any savings and investments, for example:

- savings
- stocks and shares
- property
- trusts
- income from property rental
- dividends
- any other savings and investments

How much do you have in savings and investments?

*£6,000 or less / Between £6,000 and £16,000 / £16,000 or more*

### **Education or training**

Are you in full time education or training?

### **Health**

Do you have a disability, illness or ongoing condition that you'd like to tell us about?

Name of [health] condition

Does your condition restrict your ability to work or look for work?

Do you have a fit note?

Fit note start date

Fit note end date

Name of your doctor or medical centre

From which date have you been unable to work?

If you're pregnant, does your health put you or your unborn child at risk?

Have you been diagnosed with a terminal illness?

What is your prognosis?

Are you currently in or expecting to go into hospital for more than 24 hours?

Admission date

Do you know what your discharge date is?

Are you recovering from, receiving or expecting to receive any medical treatments?

What treatment are you receiving?

Treatment start date (if known)

Tell us if you need any special support to help you at work

*I have a wheelchair / I need a hearing loop / I have an assistance dog*

I need other support (optional)

Do you get Disability Living Allowance?

Do you get Personal Independence Payment?

Do you get Attendance Allowance?

Do you get Constant Attendance Allowance?

Do you get Armed Forces Independence Payment?

### **Caring for someone**

Are you caring for someone with a health condition or disability?

Does this person get one of the following benefits:

- Disability Living Allowance - middle or higher rate
- Personal Independence Payment
- Armed Forces Independence Payment
- Attendance Allowance
- Constant Attendance Allowance

Do you care for this person for 35 hours or more a week?

Who you care for

First name

Middle name

Last name

Date of birth

Relationship to you

Address

Are you currently having time off from caring for this person?

Time off start date

Do you know when this time off is due to end?

Time off end date

**Bank account**

Bank or building society name

Name of account holder(s)

Sort code

Account number

Roll or reference number