**Housing Benefit and Council Tax Support**

I note from my records that a member of your household is due to turn 18 (or 19) years old as this could affect your benefit, please answer all the questions below and supply the information / evidence requested.

**Please answer all the questions below, sign and date below, and return it as soon as possible.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1: Are you still receiving Child Benefit for them?** | Yes | |  | | No | |  |
| * If *no*, what date did Child Benefit end? | |  | | --- | |  | | | | | | | |
| * If *yes*, when do you expect Child Benefit to end? Please provide proof you are still in receipt of Child Benefit. A recent transaction on a bank statement is acceptable. | |  | | --- | |  | | | | | | | |
|  | | | | | | | |
| **2: Are they continuing in full time education?** | Yes | |  | | No | |  |
| If yes, please tell me: | |  | | --- | |  | | | | | | | |
| 1. The name of the school / college: | |  | | --- | |  | | | | | | | |
| 1. The name of the course: | |  | | --- | |  | | | | | | | |
| 1. The date the course started: | |  | | --- | |  | | | | | | | |
| 1. The date the course ends: | |  | | --- | |  | | | | | | | |
| 1. The number of hours spent at college each week: | |  | | --- | |  | | | | | | | |
| If they are staying in education but you are no longer receiving Child Benefit, please provide the student certificate from the education provider to confirm their student status. Otherwise, a non-dependant deduction may be applied. | | | | | | | |
| **3: Are they enrolled on an Apprenticeship?** | Yes |  | | No | |  | |
| 1. If yes, please provide a letter from the employer confirming the date the apprenticeship started, evidence of gross earnings and qualification to which apprenticeship leads. | | | | | | | |
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| **4: Are they now working?** | Yes | |  | | No | |  |
| If yes, please supply evidence of the gross earnings and tell me: | | | | | | | |
| 1. The date started this job: | |  | | --- | |  | | | | | | | |
| 1. The number of hours worked each week: | |  | | --- | |  | | | | | | | |
|  | | | | | | | |
| **5: Are they receiving, or have they applied for any state benefit?** | Yes |  | | No | |  | |
|  |  |  | |  | |  | |
| 1. If yes, please tell me their National Insurance number and the name of the benefit(s) applied for: | | | | | | | |
| |  | | --- | |  | |  | |  | |  | | | | | | | | |
| If you have answered no to all the above questions, please tell me what their current income and circumstances are:     |  | | --- | |  | |  | |  | |  | |  | | | | | | | | |
| **Please sign and date below and return to me as soon as possible.** | | | | | | | |
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| --- | --- | --- | --- |
| Signed |  | Date |  |

Please supply the further information/evidence requested above within one month of the date of this letter.

The quickest way to email a scanned or photographed image via email to benefits@dorsetcouncil.gov.uk. If a reply is not received in the time allowed, I will reassess your benefit assuming they are in full time employment. This could reduce or cancel your current entitlement.

Yours sincerely

Mrs Katie Hale

Head of Revenues & Benefits