Proof of nil income

insurance?

Isle of Wight Council, Revenues and Benefits Services, PO Box 238, Newport, PO30 9FP Email: housing.benefit@iow.gov.uk Website: www.iwight.com/housingbenefitonline



				COUNCII	L
Name and address	FOR O	FFICIAL	USE	ONLY	
	Benefit fer n	Ю:			
	Date issued				
Postcode	Date receive	èd			
If you have difficulty understanding this document ple	ease contact us on (01983	3) 823950 and we v	vill do our bes	t to help you	J.
Please make sure you answ	<u>-</u>				
Answer all yes or no que This form can also be submitted online by visiting w	, , ,			of of Nil Inc	ome'
This form can also be submitted offline by visiting w	ww.iwigiti.com/nousing	joenemonine and	a click off 770	or or wir inco	onie.
Please only complete this form if you have little o	or no income or if you'r	re aettina heln fre	om friends at	nd family	
Trease only complete this form if you have fittle o	n no income, or ir your	e getting heip he	in menus ui	ia raility.	
Part 1 About you					
Title	V	our address			
Surname					
First name/s					
Date of birth D D M M					
National Insurance number					
Telephone number	F	Postcode			
Email					
Part 2 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?					
How are you paying for things like, food, utility bills, toiletries, clothing, bus or car costs - such as fuel, tax.					

F	Part 2 Day to day living expenses							
V	f you are expected to repay this money, what arrangements are in place to lo this?							
t	s the money that you are receiving (from his third party) a set amount that is paid on a regular basis?							
(/	Please provide proof of how much you receive, how often you	u receive it and for how long you will continue to receive the incom	e)					
P	Part 3 Hardship payments							
A	Are you?	Please tick the boxes that apply to you	Yes I	Nο				
	Pregnant							
	Looking after children			Ī				
	Single and looking after a 16 or 17 year old			Ī				
Disabled or have a long term physical medical condition				Ī				
Caring for someone who is long term sick or disabled			Ī					
A young person who has left local authority care in the last 3 years								
	Aged 16 or 17		\Box	ī				
	If you have ticked any of these boxes, you should apply for a hardship payment. A hardship claim form is available from the job centre.							
Have you already applied for a hardship Yes		Yes						
p	payment?	No						
	low long will your hardship payment take o come through?							
P	Please include a copy of the letter you have received from the DWP about this.							
F	Part 4 Sanctions							
	The penalty for not following the rules of the benefit you are claiming can be that you lose benefit for a certain length of time. The name used for these penalties is sanctions.							
	las your claim been sanctioned because ou have not met your work conditions?	Yes						
•	You will have received a letter about his if you have)	No						
F	las your benefit been sanctioned?	Yes						

How long has your claim been sanctioned for?				
If sanctioned, please give details				
Part 5 Period of Nil Income				
From Date D D M M Y Y Y Y				
To Date D D M M Y Y Y Y				
Part 6 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 Job Seeker's Allowance, Income Support or Employment 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?				
Part 7 Capital and savings				
Do you have any capital (savings or investments) in a Bank, Building Society or Post office accounts? Please detail all of your accounts/shares opposite.				
If you want to give any further details, please write on a separate sheet and enclose it with this form.				
You will need to supply two months recent bank statements for all accounts held by you or any partner.				

Part 8 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, it would be helpful if they sign below to confirm all the details are correct. But they do not have to sign. 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 for Housing Benefit or Local Council Tax Support, or both. You may check some of the information with other sources as allowed by the law. Information may be shared with other departments within the council for providing assistance in relation to tenancies and to maximise claimant's income, to identify persons responsible for Business Rates and/or Council Tax and for the recover of any council debts.
- You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, and companies that assist us in fraud detection and prevention such as Credit Reference Agencies, if the law allows this.
- The Isle of Wight Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.
- I know I must let the council's benefit office know immediately about any changes in my or my households circumstances which might affect my claim.

I declare the information I have given on this form is correct and complete.

Signature of person claiming		Date							
Partner's signature		Date							
If this form has been complete	ed by someone other than	the per	son c	laim	ing	l			
Please tell us why you completed this form for the person claiming.									
As far as possible, I have confirmed with	n the person claiming that the answ	vers I have v	writte	n on t	his fo	orm :	are o	orr	ect.
Name of the person who filled in the form									
Signature of the person									
Relationship to the person claiming		Date							

Privacy notice

The Isle of Wight Council as data controller will process your personal information in accordance with the Data Protection Act 1998. The personal details provided by you may be shared and verified with other departments within the Council for the recovery of any debts owed to the Council, for providing assistance in relation to tenancies, Blue Badge Applications, maximising claimants' income, bringing empty properties back into use and to identify persons responsible for Business Rates and/or Council Tax. The departments include Council Tax, Benefits, Parking Services, Business Rates, Electoral Registration, Housing Services, Supporting People, Blue Badge, Strengthening Families, Adult Social Services, Community Services Financial Assessment and Sundry Debts (including Housing Benefit overpayments).

The Council may also be required to disclose personal information to third parties (such as the Police or Department for Work and Pensions) for the purposes of preventing or detecting crime or apprehending or prosecuting offenders.

The Council is under a duty to protect the public funds it administers, and to this end may use Council Tax, Housing Benefit and Blue Badge information for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

The Council is required under Part 6 of the Local Audit and Accountability Act 2014 to participate in the National Fraud Initiative (NFI) data matching exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. Council Tax data will be provided to the Cabinet Office for NFI and will be used for cross-system and cross-authority comparison with other relevant organisations' data for the prevention and detection of fraud. It does not require the consent of the individuals concerned under the Data Protection Act 1998.

\mathbf{A}

Data Protection Act 1998

This application may be monitored by the Isle of Wight Council for regulatory, quality control or crime detection purposes. Information from this application will be processed in accordance with the Data Protection Act 1998 for the purpose of processing your particular enquiry or request. The Isle of Wight Council ('the council') is the data controller. By completing this form you consent to the council contacting you by email or nominated contact method in relation to your enquiry or request. Information may be shared with other departments within the council for providing assistance in relation to tenancies and to maximise claimant's income, to identify persons responsible for Business Rates and/or Council Tax and for the recover of any council debts. Please note that the council may process your information in the absence of consent for the purpose of crime prevention or detection so far as is in accordance with the law.

Please return completed forms by post to Revenues and Benefits Service, PO Box 238, Newport, Isle of Wight PO30 9FP or alternatively visit either Newport Help Centre, County Hall, Newport (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4.30pm) or Ryde Help Centre, Ryde Library (Monday, Tuesday and Friday 9am to 5pm, closed between 12.15pm to 13.30pm).