

Our Ref:

Direct Dial: (01263) 516349

Direct Fax: (01263) 516106

CUSTOMER NAME

CUSTOMER ADDRESS

19/01/2017

Dear Customer,

**Weekly Reclaim Reduction Request**

We understand that you would like us to consider reducing the weekly amount that we reclaim from your ongoing Housing Benefit.

Please find enclosed an income and expenditure form to be completed and returned to the above address providing as much detail as possible to enable us to consider your request.

Yours sincerely,



Elisabeth Codling

Benefits Manager

Tel (01263) 516349

Between: 8.30am – 5.00pm Monday, Tuesday, and Thursday

10.00am – 5.00pm Wednesday and 8.30am – 4.30pm Friday

Email: benefits@north-norfolk.gov.uk



**Claim form for Weekly Reclaim Reduction**

 **You must list ALL income as NO income is ignored for this purpose.**

 **You  Your partner** 

|  |  |
| --- | --- |
| **Income** |  |
|  | Yes | HowMuch? | How often? |  | Yes | HowMuch? | HowOften? |
| Adoption Pay |  |  |  |  |  |  |  |
| Armed Forces Independence Payment |  |  |  |  |  |  |  |
| Attendance Allowance |  |  |  |  |  |  |
| Bereavement/Widows Benefit |  |  |  |  |  |  |  |
| Carer’s Allowance |  |  |  |  |  |  |  |
| Child Benefit |  |  |  |  |  |  |  |
| Child Tax Credit |  |  |  |  |  |  |  |
| Contributions from other household members |  |  |  |  |  |  |  |
| Disability Living Allowance Care |  |  |  |  |  |  |  |
| Disability Living Allowance Mobility - |  |  |  |  |  |  |  |
| * Is this for a Motability scheme?
 |  |  |  |  |  |  |  |
| Employment & Support Allowance |  |  |  |  |  |  |  |
| Fostering Allowance |  |  |  |  |  |  |  |
| Income Support |  |  |  |  |  |  |
| Industrial Death Benefit |  |  |  |  |  |  |
| Industrial Injuries Benefit |  |  |  |  |  |  |  |
| Incapacity Benefit |  |  |  |  |  |  |  |
| Jobseeker’s Allowance |  |  |  |  |  |  |  |
| Maintenance/CSA received |  |  |  |  |  |  |
| Maternity Allowance |  |  |  |  |  |  |
| Pension Credit |  |  |  |  |  |  |  |
| Personal Independence Payment |  |  |  |  |  |  |  |
| Private Pension |  |  |  |  |  |  |  |
| Self-employed income |  |  |  |  |  |  |  |
| Severe Disablement Allowance |  |  |  |  |  |  |  |
| State Retirement Pension |  |  |  |  |  |  |  |
| Statutory Maternity/Paternity Pay |  |  |  |  |  |  |  |
| Statutory Sick Pay |  |  |  |  |  |  |  |
| Student loans/grants |  |  |  |  |  |  |  |
| Universal Credit |  |  |  |  |  |  |  |
| Wages – after deductions  |  |  |  |  |  |  |  |
| War Pension |  |  |  |  |  |  |  |
| War Dependant’s Pension |  |  |  |  |  |  |  |
| War Widow’s Pension |  |  |  |  |  |  |  |
| Widowed Parent’s Allowance |  |  |  |  |  |  |  |
| Working Tax Credit |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Other- please list below |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 **Expenditure/Outgoings**

|  |  |
| --- | --- |
|  |  |
|  | **Yes****** | **How Much?** | **How Often?** | **Office Use only** |
| Rent – the shortfall that you pay |  |  |  |  |
| Council Tax – the shortfall that you pay |  |  |  |  |
| Buildings/Contents Insurance |  |  |  |  |
| Life Insurance |  |  |  |  |
| Other Insurance |  |  |  |  |
| Water |  |  |  |  |
| Gas |  |  |  |  |
| Electricity |  |  |  |  |
| Coal/Oil/Wood/Other |  |  |  |  |
| TV Licence |  |  |  |  |
| Telephone |  |  |  |  |
| Mobile Phone |  |  |  |  |
| Internet |  |  |  |  |
| Satellite/Digital TV |  |  |  |  |
| Food |  |  |  |  |
| Other Household shopping (e.g. cleaning) |  |  |  |  |
| Pet food and expenses |  |  |  |  |
| Pension Contributions |  |  |  |  |
| Car - Road Tax |  |  |  |  |
| * Insurance
 |  |  |  |  |
| * MOT & Repairs
 |  |  |  |  |
| * Petrol/Diesel
 |  |  |  |  |
| * Hire purchase
 |  |  |  |  |
| * Breakdown or Recovery cover
 |  |  |  |  |
| Public Transport/Taxis |  |  |  |  |
| Maintenance/CSA |  |  |  |  |
| Childcare Costs |  |  |  |  |
| School Meals |  |  |  |  |
| Children’s Pocket Money |  |  |  |  |
| Clothing and Footwear |  |  |  |  |
| Prescriptions |  |  |  |  |
| Opticians/Dentist |  |  |  |  |
| Entertainment |  |  |  |  |
| Alcohol |  |  |  |  |
| Cigarettes/Tobacco |  |  |  |  |
| Newspapers/Magazines/stationery |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other expenses - please list below |  |  |  |  |
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|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes****** | **How Much?** | **How Often?** | **Office Use only** |
| Council Tax Arrears |  |  |  |  |
| County Court Judgements |  |  |  |  |
| Court Fines |  |  |  |  |
| Credit Card Payment |  |  |  |  |
| Credit Card Payment |  |  |  |  |
| Credit Card Payment |  |  |  |  |
| Credit Card Payment |  |  |  |  |
| Hire Purchase Payments |  |  |  |  |
| Maintenance/CSA Arrears |  |  |  |  |
| Rent Arrears |  |  |  |  |
| Telephone Arrears |  |  |  |  |
| TV/Internet Arrears |  |  |  |  |
| Utility Arrears – Gas/Electric/Water |  |  |  |  |
| Other – Please list below |  |  |  |  |
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**Arrears and Credit commitments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of person claiming** |  | **Date** |  |
|  |  |  |  |
| **Partner’s signature** |  | **Date** |  |

**Please read this declaration carefully before you sign and date it.**

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

I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.

I know that I **must** let you know in writing about any change in my circumstances which might affect my claim.

I agree that you will use the information I have provided to process my claim for weekly reclaim reduction. You may check some of the information with other sources as allowed by the law.

I understand that you may use any information I have provided in connection with this and any other claim for DWP benefits that I have made or may make. You may give some information to third parties who include employers, landlords, government departments, local authorities and private sector companies such as banks, as well as companies that assist us in fraud detection and prevention such as credit reference agencies. You may contact my employer to obtain evidence of my earnings.

I authorise you to use the information I have given on this form and on any supporting documents to manage Council Tax and other council activities.