

Part 4 - Other Benefits

If you receive any of the following benefits, please fill in the boxes with the amount you and your partner receive and how often. **You must** let us have proof. Only original documents are acceptable.

Benefits

Type of Benefit	You	Your partner
Jobseeker's Allowance - contribution based / Employment and Support Allowance - contribution based	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>
Incapacity Benefit	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/> <i>NOT PAID</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>
Severe Disablement Allowance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>
Carers Allowance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>
State Maternity Allowance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>
Industrial Injuries Benefit	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>
Reduced Earnings Allowance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>
Widowed Parent's Allowance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>
Industrial Death Benefit	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>
Child Tax Credit	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>
Working Tax Credit	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Applied for <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for <input type="checkbox"/>

Other Income

Do you or your partner receive any other income?

You: Yes No

Your partner: Yes No

What type of income is it?

How much do you get?

How often is it paid?