

Part 18 Backdating

We can usually award benefit from the Monday after the day we receive your claim. If you want us to consider paying your benefit from an earlier date, tell us the date that you want benefit from and why you feel you had good reason for not claiming earlier.

Date you want to claim benefit from

01 / 08 / 07

Part 19 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, getting them to sign this form should allow us to process your claim more quickly, but they do not have to sign. 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 agree that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. 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 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 companies such as banks and organisations that may lend me money, if the law allows this.

I know that I must let you know in writing straight away about any change in my circumstances which might affect my claim.

Signature of person claiming

[Handwritten Signature]

Date

11 / 09 / 2007

Partner's signature

[Blank Signature Box]

Date

/ /

If this form has been filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

[Blank Text Box]

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form (IN CAPITALS)

[Blank Name Box]

Signature of the person

[Blank Signature Box]

Relationship to the person claiming

[Blank Relationship Box]

Date

/ /