

RYEDALE DISTRICT COUNCIL
HOUSING/COUNCIL TAX BENEFIT

NOTE TO APPLICANT

Applicants submitting for Benefit under the above schemes are required to show their income. Income includes receipt of a State Benefit, (e.g. Job Seekers Allowance, Incapacity Benefit, Maternity Allowance etc.). If you are entitled to one of these Benefits please complete PART A and send this form to the office from where you receive Benefit (e.g. Benefits Agency, Job Centre etc.) and request that they complete PART B and forward the fully completed form back to the Revenues Office at Ryedale House.

STATE BENEFIT CERTIFICATE

PART A
TO BE COMPLETED BY THE CLAIMANT

SURNAME:..... FIRST NAMES:.....
ADDRESS:.....
.....
.....

NATIONAL INSURANCE NUMBER DATE OF BIRTH

TYPE OF BENEFIT (Please tick)

JOB SEEKERS ALLOWANCE (CONT)	<input type="checkbox"/>	INCOME SUPPORT	<input type="checkbox"/>
JOB SEEKERS ALLOWANCE (IB)	<input type="checkbox"/>	LONG TERM INCAPACITY	<input type="checkbox"/>
SHORT TERM INCAPACITY (LOWER RATE)	<input type="checkbox"/>	SHORT TERM INCAPACITY (HIGHER RATE)	<input type="checkbox"/>
MATERNITY ALLOWANCE	<input type="checkbox"/>		

NAME: SIGNATURE: DATE:

PART B

CERTIFICATE OF STATE BENEFIT (To be completed by the appropriate Agency)

Type Of Benefit	Date Commenced	Date Ended	Tick If Current	Weekly Benefit £
JOB SEEKERS ALLOWANCE(CONT)				
JOB SEEKERS ALLOWANCE (IB)				
INCOME SUPPORT				
LONG TERM INCAPACITY				
SHORT TERM INCAPACITY LOWER RATE				
SHORT TERM INCAPACITY HIGHER RATE				
MATERNITY ALLOWANCE				

COMMENTS:
.....
.....

Please complete and return to :-

RYEDALE DISTRICT COUNCIL
BENEFITS SECTION
RYEDALE HOUSE
MALTON
NORTH YORKSHIRE
YO17 7HH

OFFICIAL STAMP