

**Unclaimed Benefit Entitlement**

**Almost half of all pensioners are entitled to Pension Credit or other help but many miss out by not claiming it.**

We can check if you have claimed all of your entitlements. Fill in the form below and return it to our office. We will let you know if you are eligible to claim anything. If we think you are eligible for any benefits, we can help you to apply.

If you have any questions or would like advice on completing this form please telephone **0333 241 2340**

**In order to deal with your benefit entitlement check, please confirm that you consent to Age UK Devon:**

* Recording your details securely and confidentially on our computer system
* Contacting you by phone / post / email about the outcome of your benefit entitlement check

Your signature Your partner’s signature (if you have one)

…………………………………….. ………………………………………..

**Partner (if you have one)**

**Surname …………………………**

**First Name …………………………**

**Date of birth …………………………**

**Address ……………………………………………………………………………….....**

**………………………………………………………………………………….**

**Postcode ………………………………………………………………………………….**

**Telephone No ………………………………………………………………………………….**

**Client**

**Surname ……………………………**

**First Name ……………………………**

**Date of birth ……………………………**

**Client Income Partner Income**

**Please state in the right hand box whether you get this income weekly, monthly or 4 weekly.**

|  |  |  |
| --- | --- | --- |
| **Type of Income** | **Amount (£)**  **or higher or lower rate** | **Weekly/ 4 weekly/ monthly** |
| **State Pension** |  |  |
| **Private/occupational pension(s)** |  |  |
| **Pension Credit/Income Support** |  |  |
| **Total savings/capital (including current bank a/c, Premium Bonds, Savings Bonds, ISAs, stocks, shares, etc.)** |  |  |
| **Do you own land or property (other than your house)?** |  |  |
| **Attendance Allowance** |  |  |
| **Disability Living Allowance or PIP - CARE** |  |  |
| **Disability Living Allowance or PIP -MOBILITY** |  |  |
| **Carer’s Allowance** |  |  |
| **Is anyone paid Carer’s Allowance for looking after you?**  **OR**  **Does anyone have underlying entitlement to Carer’s Allowance?\*** | **YES/NO**  **YES/NO** |  |
| **Do you get Council Tax Support?** |  |  |
| **Housing Benefit** |  |  |
| **Other benefit – please state: ………………………**  **………………………………..** |  |  |

|  |  |  |
| --- | --- | --- |
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| **Attendance Allowance** |  |  |
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| **Do you get Council Tax Support?** |  |  |
| **Housing Benefit** |  |  |
| **Other benefit – please state: ………………………**  **………………………………..** |  |  |

\*This means that that you have successfully applied for Carer’s Allowance but don’t receive a payment

|  |
| --- |
| **Housing**  What is your housing situation? (Please circle)  Private tenant / social tenant / home owner – mortgaged / home owner – no mortgage  Other ……………………………………………………………………………………………… |
| **Council Tax**  **Your Council Tax band:** (please circle) **A B C D E F G H**  How much Council Tax do you pay per year?  (This is the amount after deducting Council £………………………  Tax Support and/or a single’s person discount) |
| **Tenants**  Weekly rent payable £………………………  Heating charges **only** if included in your rent £………………………  Service charges (if applicable)\*\* £……………………….    weekly/monthly/yearly (please circle)  Is your landlord:  Private Social/Council/Housing Association (please circle) |
| **Owner-occupiers**  Do you pay a mortgage? Yes / No  Is the mortgage for the purpose of buying your house? Yes / No  Outstanding mortgage amount £………………………  Service charges and/or ground rent (if applicable)\*\* £……………………….    weekly/monthly/yearly (please circle) |
| **Do you have a Smart meter?** Yes/No  \*\*Service charges for sports facilities, personal care, meals and some repair/refurbishment works are not taken into account  **Would you like information on Smart meters?** Yes/No |
| **Does anyone else live in your house in addition to you/your partner?** Yes / No  If yes, this may affect the assessment of entitlement to Housing and Council Tax benefits.  We will contact you for more details. |
| **Do you or your partner have a disability or mobility problems, or have difficulty with personal care (e.g. dressing, bathing/showering, remembering to take medication)?**  We will contact you to discuss disability benefits. |
| **Do you or your partner provide full-time care for anybody?** (This can include housework, cooking, help with paperwork etc.) |
| **Do you or your partner have any earnings from paid work?**  Average earnings £………………………  weekly/4 weekly/monthly/yearly (please circle)  **Do you or your partner work more than 16 hours a week?** Yes / No |
| **Comments:** Please use this box for additional space to record any other useful information or questions that you may have. |

**Please return this form to:**

Information and Advice Service

Age UK Devon

1 Manaton Court

Matford Business Park

Exeter

Devon

EX2 8PF

Or email: infoandadvice@ageukdevon.org.uk