

# Size Criteria - Care, Support or Supervision Application



## Section 1:

If you are affected by the Social Sector Size Criteria and wish to apply to The Highland Council for an exemption to the social sector size criteria rules please complete this form. You may be entitled to more Housing Benefit from or after 1 April 2013 if:

You receive care, support or supervision provided by your **Housing Association Landlord or someone acting on your Housing Associations behalf.**

**If you do not meet the circumstances above please do not complete this form.**

Central Government introduced The Social Sector Size Criteria (SSSC) on 1 April 2013. This is more commonly known as the 'bedroom tax' or 'under occupancy tax'. The Social Sector Size Criteria rules apply to working-age claimants (i.e. Claimants or partners under State Pension age) and means that Housing Benefit entitlement may be reduced if you live in a household deemed to be in under occupation. For detailed information go to The Highland Council website at [www.highland.gov.uk](http://www.highland.gov.uk) click on W in the A – Z of council services box, then click on Welfare Reform and click on A Quick Guide to HB size criteria on the left hand side of the page.

### Tenant Contact Details:

Name			
Address:			
	Post code:		
Telephone no:		Mobile No:	
Email Address:			
Landlord details		HB claim no.	

Who lives in your property with you, please start with your own details:

Name	Male/ Female	Relationship to tenant	Date of Birth	Age

**Section 2:**

Do you receive care support or supervision provided by your Housing Association landlord or someone acting on your Housing Association's behalf at the address you have stated on page 1 of this form? Yes  No

If you have answered Yes to the question above please answer the remaining questions in this section.

Please state the name of the organisation who provides you with care, support or supervision:

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Date Care, Support or Supervision started: \_\_\_\_\_

Please provide evidence that you receive care, support or supervision at your address e.g. your lease or contract from care provider.

We may need to contact you further for more information.

**Section 3:**

Do you have any additional information to support your application? e.g. letter/report from:

- GP/Other qualified medical practitioners.
- Care Workers.
- Other relevant Council Services e.g. Social Services.
- Care Plan

Please tick one box

Yes  No

Please include copies with your application

**Section 4:**

**How we collect and use information**

We will use the information you give on this form and any supporting evidence to process your claim for Housing Benefit, and may use this information for Council Tax, Council Tax Reduction, Second Adult Rebate and Scottish Welfare Fund.

The Highland Council is under a duty to **protect** the public funds it administers, and to this end may use the information you have provided on this form for the **prevention** and **detection** of fraud and to make sure that the information is **accurate**. We may also share this information with other Council Services, Agencies, Organisations, Local authorities, Government Departments and other bodies responsible for auditing or administering public funds.

We will **not** give information about you to anyone else, or use information about you for other purposes, **unless** the law **allows** us to.

The Highland Council is the data controller for the purposes of the Data Protection Act 1998.

If you want to know more about what information we have about you or the way we use that information you can email [foi@highland.gov.uk](mailto:foi@highland.gov.uk) or write to the Information Officer, Chief Executive's Office, The Highland Council, Glenurquhart Road, Inverness, IV3 5NX.

**Remember to sign the declaration(s) on page 4 of this form**

**Section 5:**

**Declaration – all applicants must complete section 5**

Please read this declaration carefully before you sign and date this form.

Warning: It is an offence to **give false information**. If someone has completed this form on your behalf, you **must** make sure that it has been read back to you in full and you understand everything before you sign the declaration. In the case of a **couple, only the claimant must sign** the form.

This is my application for Housing Benefit size criteria exemption which will be considered when assessing my entitlement to Housing Benefit. I declare the information I have given on this form is **correct and complete**.

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I authorise the Council to check the information I have given and make any necessary enquiries **to verify** the information on this form and retain a copy.

I understand that the information I have given on this form may be held electronically and may be shared with other sections within Finance and other Council Services and relevant agencies, or used when considering a Discretionary Housing Payment. We may also share this information with Council Tax, Council Tax Reduction, Second Adult Rebate and Scottish Welfare Fund.

I understand that if I give information that is **wrong or not complete** or **fail** to report a change which may affect my benefit I may **be prosecuted**.

Claimant's signature:.....	Date:.....
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**Please return form to The Operations Team, The Highland Council, PO Box 5650, Inverness IV3 5YX.**

<b>This section must be completed if the claim form has been filled in by someone else on your behalf. This includes voluntary organisations, an appointee, relative, friend or representative of the Council.</b>			
Please print the name of the person who completed the form:			
Their Address:			
Telephone number:		Relationship to claimant:	
Please give reason why the claimant was unable to complete the form:			

I declare that I have filled in this form for the person (s) named above in accordance with their instructions and have read this back to them in full before they signed the declaration.

Signature of person completing form .....	Date.....
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