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BP3  Assessment of needs

About this chapter

P3.00  This chapter gives guidance for pensioner claimants on the

• way a claimant’s needs are assessed when calculating their entitlement to Housing Benefit (HB) or Council Tax Benefit (CTB)
• personal and dependant’s allowances applicable to claimants
• premiums, including the qualifying conditions, and
• effect of hospitalisation on a claimant’s entitlement to HB/CTB

P3.01-P3.29

Applicable amounts

P3.30  To establish the amount of HB/CTB to be paid, a claimant’s income is compared with their applicable amount, which is made up of various allowances and premiums depending on the claimant’s circumstances.

P3.31  Applicable amounts consist of

• a claimant’s personal allowances
• personal allowances for any dependants, if appropriate, and
• any appropriate premiums, for example the Family Premium (FP)

P3.32  If the claimant is receiving Income Support (IS), income-based Jobseeker’s Allowance (JSA(IB)), income-related Employment and Support Allowance (ESA(IR)) or Pension Credit (guarantee credit) there is no need to calculate an applicable amount, see A5 Is claimant entitled to maximum HB.

P3.33  The rates of personal allowances and premiums are shown at Annex A at the end of this chapter.

P3.34-P3.39
**Personal and dependant’s allowances**

P3.40  Claimants attract various allowances, based on their particular circumstances, for example

*HB Reg 22 & Sch 3; CTB Reg 12 & Sch 1*

- whether or not the claimant has
  - a partner
  - children
  - dependants
- the ages of everyone in the family

**Personal allowances**

P3.41  There are two sets of personal allowance for pensioners, if claimant

- and/or partner, if they have one, are aged 60 or over, but both under 65
- and/or partner, if they have one, is aged 65 and over

P3.42  For claimant, and partner if they have one, aged 60-64 years

- there is a personal allowance equivalent to the Pension Credit standard amount. Pensioner premiums no longer apply
- the HB/CTB applicable amount continues to include
  - a Severe Disability Premium (SDP), and/or
  - a Carer Premium (CP) when appropriate, and
  - allowances and premiums for children/young people

P3.43  For claimant or partner aged 65 or over, the

- personal allowance is increased to reflect the appropriate maximum savings credit figure. This increase makes sure any gains in Pension Credit, (savings credit), are not clawed back in HB/CTB. Pensioner premiums no longer apply
- HB/CTB applicable amount continues to include an SDP and/or a CP when appropriate, and allowances for children/young people

P3.44  These applicable personal allowances apply to all pensioner claimants, other than those receiving IS/JSA(IB)/ESA(IR), whether or not they are receiving Pension Credit and irrespective of any actual savings credit element.
Polygamous marriages

P3.45 If the LA has decided a claimant is polygamously married the applicable amount is
- the appropriate personal allowance for a couple, plus
- an amount for each additional partner, depending on whether
  - no members of the marriage are over 65
  - one or more member of the marriage is over 65

Dependant's personal allowances

P3.46 If you decide that a child or young person is a member of the claimant's family, see C1 Children and young persons, a dependant's personal allowance is normally added to the claimant's applicable amount for each child or young person.

HB Reg 22 & (SPC) 22; CTB Reg 12 & (SPC) 12

P3.47 Dependant's allowances are normally included in the claimant's applicable amount for each child or young person, irrespective of the amount of capital a dependent child or young person possesses.

P3.48 There are two rates of dependant's personal allowance, governed by the age of the child or young person

HB Sch 3; CTB Sch 1

- from birth until the day before the first Monday in the September following the 16th birthday
- from the first Monday in the September following the 16th birthday until the 20th birthday

P3.49 A young person stops being treated as a dependant from their 20th birthday, whether or not they are still undertaking full-time relevant education. The young person will stop being treated as a dependant earlier than this if they have left school and the Child Benefit terminal date has been reached. See C1 Young person reaches their 20th birthday for more information.

HB Reg 19; CTB Reg 9

Children of a polygamous marriage

P3.50 Award a dependant's allowance for any child or young person of any of the relationships of a polygamous marriage, the same as for a child of a couple, if that child or young person is included in the claimant's family, see C1 Polygamous marriages.

HB Reg 23; CTB Reg 13

P3.51-P3.69
**Premiums**

**What are premiums?**

P3.70 Premiums are allowances added to the claimant’s personal allowance and/or any dependant’s additions if the claimant or a member of the family meet certain qualifying conditions.

P3.71 A premium will always form part of the claimant’s applicable amount, even though the qualifying conditions apply to someone else in the family.

*HB Reg 22; CTB Reg 12*

**Entitlement to more than one premium**

P3.72 Some claimants, because of their personal circumstances, will attract more than one premium. All the premiums for which a person qualifies are applicable in this case – none are precluded.

**Family Premium and Family Premium (Lone Parent)**

P3.73 An FP is awarded when there is a child or young person in the family. The FP (LP) is not payable if one of the family has reached the qualifying age for Pension Credit.

P3.74-P3.179

**Enhanced Disability Premium**

P3.180 For pensioner claims only the EDP for a child or young person is payable. However, it can be awarded irrespective of the dependent child or young person’s capital.

*HB Sch 3 Para 7; CTB Sch 1 Para 7*

**When not to award EDP**

P3.181 Do not award the EDP for

- a single claimant who has been in hospital over 52 weeks
- couples who have both been in hospital over 52 weeks
- a child or young person who has been in hospital over 52 weeks if it is a pensioner claim

P3.182-P3.199
Overlapping benefits

P3.200 Some benefits such as DLA, AA and CAA are payable in addition to other social security benefits. However, you should be aware of the overlapping rules which apply to some other social security benefits.

P3.201 These provide that if a claimant qualifies for more than one benefit, only the higher benefit is payable, although underlying entitlement to the other benefit remains.

P3.202 In these cases, if a premium has been awarded and the qualifying benefit is withdrawn because another, non-qualifying, benefit is awarded at a higher rate, DP should continue in payment.

P3.203 Cases of this kind should be very few, the most likely instance being when a widow's benefit is paid instead of SDA or IB. Widows who are already receiving Widows Benefit should be advised to submit medical evidence to their local social security office if they become sick, so they may qualify for the DP.

Severe Disability Premium

W3.210 This premium is different from other premium in that it will only be applicable when DP or HPP has also been awarded.

W3.211 Award the lower rate of SDP if one of the following meets the qualifying conditions

- a single claimant, or
- a lone parent, or
- one member of a couple, or
- one or more, but not all, members of a polygamous marriage

W3.212 Award the higher rate of SDP when the following are entitled to SDP

- both members of a couple, or
- all the members of a polygamous marriage
P3.220  **Flowchart: Severe Disability Premium – single person**

*HB Sch 3 Para 14; CTB Sch 1 Para 13*

<table>
<thead>
<tr>
<th>Question</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is AA/DLA middle/higher rate care component in payment to the claimant?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the claimant live alone? See <em>Deciding whether claimant lives alone</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this person fall into the list of people who can be disregarded? See <em>Deciding whether claimant lives alone</em></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Is anyone entitled to and in receipt of CA for caring for the claimant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

- **Award lower rate SDP**
- **Not entitled to SDP**
P3.221  *Flowchart: Severe Disability Premium – couples*

*HB Sch 3 Paras 11 & 13; CTB Sch 1 Paras 10 & 12*

- Is AA/DLA middle/higher rate care component in payment to both the claimant and partner, or each member of a polygamous marriage?
  - Yes: Do both partners have someone both entitled to and in receipt of CA for them?
    - Yes: Not entitled to SDP
    - No: Is AA/DLA middle/higher rate care component in payment to the claimant and the partner is blind? See *Single rate SDP*
    - No: Is a person entitled to and in receipt of CA in respect of the partner with AA/DLA?
      - Yes: Award lower rate SDP
      - No: Award higher rate SDP
  - No: Does one partner have a person entitled to and in receipt of CA for that partner?
    - Yes: Not entitled to SDP
    - No: Do the couple or members of a polygamous marriage live ‘alone’, or the person fall into the list of people to be disregarded? See *Deciding whether claimant lives alone*
      - No: Not entitled to SDP
      - Yes: Award lower rate SDP

P3.222-P3.224
**Single rate SDP**

P3.225 Single rate SDP is payable if the claimant

*HB Sch 3 Para 14; CTB Sch 1 Para 14*

- is single or a lone parent **and**
  - they receive AA or CAA, or the middle or higher rate DLA care component, **and**
  - they live alone, **and**
  - no one is entitled to and in receipt of Carer’s Allowance (CA) for looking after them
- is a member of a married or unmarried couple, or a polygamous marriage, and they both or all members of the polygamous marriage
  - receive AA or CAA, or the middle or higher rate DLA care component, **and**
  - CA entitlement and receipt of CA for one partner, but not all members of a polygamous marriage
- is a member of a married or unmarried couple, or a polygamous marriage, and one partner receives
  - AA or CAA, or the middle or higher rate DLA care component, **and**
  - the other partner is blind, **and**
  - they live alone, **and**
  - no-one is entitled to and in receipt of CA for looking after them

**Note:** The person receiving AA/CAA/DLA must be the claimant to qualify for SDP.

**Deciding whether claimant lives alone**

P3.226 When deciding if the claimant lives alone for the purpose of awarding SDP, disregard

*HB Reg 3 & Sch 3; CTB Reg 2 & Sch 1*

- dependants
- a non-dependant aged 16–17
- anyone receiving AA, or middle or higher rate DLA care component
- boarders, other than a close relative
- a joint-tenant/occupier of the home
- a person who lives with the claimant to care for them or their partner, and who is paid by a charitable or voluntary organisation which charges the claimant or their partner for the services provided
- a landlord or members of the landlord's own family
- a partner who is registered blind or was registered as such within the previous 28 weeks
### One partner in hospital

**P3.227** A person who normally receives AA or DLA, who goes into hospital, will stop receiving the AA or DLA
- when they have been in hospital for more than 28 days, or
- earlier, if they have previously been in hospital and the period is linked for AA and DLA purposes

**P3.228** The conditions for the award of the SDP allow a person, who is one of a couple, to be treated as still receiving AA or DLA middle or highest rate care component if the only reason they have stopped receiving AA or DLA middle or highest rate care component is because they have been a hospital in-patient for more than 28 days.

**P3.229** This means that a couple who have been awarded SDP can continue to receive the single rate of SDP for the partner who remains at home, even though payment of AA or DLA to the partner in hospital may have ended
- when only one of the couple is in hospital, or
- if both are in hospital, when one partner has been a patient for less than 28 days

**P3.230** One of the three conditions for an award of SDP is that no-one must be receiving CA to care for that person. A person who was receiving CA for a person who has become a hospital in-patient, and who stops receiving CA because the AA or DLA has stopped being paid to the patient, should be treated as if they were still receiving CA.

**P3.231** This only applies for the conditions for the award of SDP. It means that a person who did not previously qualify for SDP because someone was receiving CA for caring for them will not become entitled to the SDP while they are treated as receiving AA or the middle or highest rate DLA care component because they are in hospital.

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### Disabled Child Premium

**P3.250** The DCP is a flat rate premium that should be awarded for each disabled child or young person who satisfies the qualifying conditions.

**P3.251** It is payable in addition to any personal allowances, family premium or any other premiums for which the claimant or their partner qualifies.
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P3.252-P3.273

P3.252  Pay DCP for each child or young person who
- is receiving any rate of DLA, or
- is not receiving DLA because they are a hospital in-patient, but continue to be a member of the claimant's family, or
- is registered blind or is treated as blind in the 28 weeks after they cease to be registered blind, and
- is a member of the claimant's household

P3.253-P3.269

**Carer Premium**

P3.270  The CP
- is a flat rate premium
- can be awarded twice if both the claimant and any partner satisfy the qualifying conditions, that is two premiums can be paid
- can be awarded in addition to any other premium. When CP has been awarded and a person stops being entitled to and receiving, or being treated as entitled to and receiving, CA, CP continues for a further eight weeks

*HB Sch 3 Para 17; CTB Sch 1 Para 17*

P3.271  CA claimants are sent notifications from the CA Unit advising them of their entitlement, including any underlying entitlement, which they should produce as evidence for their HB/CTB claim.

**Qualifying conditions**

P3.272  Pay CP when the claimant or their partner
- becomes entitled to CA, or
- make a claim for CA and would be entitled but for overlapping benefits. The person in respect of whose care CA was claimed must continue to receive AA or the middle or highest rate DLA care component

P3.273  The CP will continue for eight weeks from the
- Sunday following the death of the person being cared for or if the person dies on a Sunday, that date, or
- date on which the person being cared for ceases to be entitled to AA or the middle or highest rate DLA care component, or
- date the person ceases to be entitled to CA
Underlying entitlement to Carer’s Allowance

P3.274 Claimants who have an underlying entitlement to CA will be entitled to CP within their HB/CTB claim.

Transitional Protection

P3.275 Carers, who were aged 65 years and over on or before 28 October 2003, can continue to be entitled to CA even though they are no longer providing care, eg after the disabled person has died. When this protection applies and CA is retained, the carer can continue to receive the CP.

Components

P3.300 Because ESA can be awarded to men up to age 65, there may be situations when a man (either single or with a partner) aged 60 – 64 claims ESA(C) and HB/CTB. If this happens the claim should be determined using the HB/CTB(SPC) Regulations.

P3.301 The HB/CTB(SPC) regulations have not been amended to allow an award of a component. This is to align the HB/CTB provisions with those of ESA(IR) which are that there is no overall increase in income when entitlement to a component begins, see Annex B at the end of this chapter for an example. Therefore, you cannot award a component to a HB/CTB claimant aged 60 or over.

Hospital in-patients

P3.350 As long as a sick person is regarded as being temporarily absent from home, there is no change in a claimant’s entitlement when they or a member of their family is admitted to hospital as an in-patient. For more information on temporary absence, see A3 Temporary absence from home.

Single claimant

P3.360 After a period of 52 weeks in hospital, a single claimant’s applicable amount is reduced to the hospital personal allowance. At this stage, entitlement to any premiums ends, even though a qualifying benefit may remain in payment.

HB Reg 16; CTB Reg 8
Lone parents

P3.361 When a lone parent has been in hospital for more than 52 weeks, reduce the applicable amount to the hospital personal allowance. Entitlement to the following may continue

HB Reg 16; CTB 8

- a personal allowance for each dependant child or young person, and
- the FP or FP(LP) if appropriate, and
- any DCP
- any EDP in a pensioner claim

HB Reg 16; CTB Reg 8

P3.362-P3.369

Married/unmarried couple or civil partnership couple living together as civil partners

One partner is admitted to hospital

P3.370 If one member of a married/unmarried couple or civil partnership couple living together as civil partners has been in hospital for more than 52 weeks the couple's applicable amount is reduced. The amount of the reduction is usually the equivalent of 20% of the basic Retirement Pension. Any premiums remain in payment, whichever partner qualified for the premium or whichever partner is in hospital.

HB Reg 16; CTB Reg 8

Both partners admitted to hospital at same time

P3.371 If both members of a couple are admitted to hospital at the same time and they have been in hospital for more than 52 weeks, reduce their applicable amount to twice the hospital Personal Requirements Allowance (PRA) for a single person plus, if appropriate

- a personal allowance for each dependent child or young person, and
- the FP, and
- any DCP
- any EDP in a pensioner claim

HB Reg 16; CTB Reg 8

One partner admitted after the other

P3.372 If one member of a couple is admitted to hospital after the other, treat each partner separately.
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P3.373 When the first partner has been in hospital for 52 weeks, reduce the applicable amount by 20% of the basic Retirement Pension. Any premiums remain in payment, whichever partner qualified for the premium or whichever partner is in hospital.

P3.374 When the second partner has been in hospital for 52 weeks, reduce their applicable amount to twice the PRA for a single person plus, if appropriate

\[ \text{HB Reg 18; CTB Reg 10} \]

- a personal allowance for each dependent child or young person, and
- the FP, and
- any DCP

Example

<table>
<thead>
<tr>
<th>1st partner admitted to hospital</th>
<th>2nd partner admitted to hospital</th>
<th>Applicable amount</th>
<th>Applicable amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.6.03</td>
<td>20.6.03</td>
<td>£15.50</td>
<td>£38.70</td>
</tr>
</tbody>
</table>

*The date on which the downrating will take effect is subject to the normal changes of circumstances rules, see A6 Changes of circumstances.

Polygamous marriages

P3.390 As with couples, when a member of a polygamous marriage is in hospital, the applicable amount is reduced by 20% of the basic RP for each partner who has been in hospital for more than 52 weeks. Any premiums remain in payment, whichever partner qualified for the premium or whichever partner is in hospital.

P3.391 When all the members of a polygamous marriage have been in hospital for more than 52 weeks, calculate entitlement the same way as for couples, that is reduce their applicable amount to the hospital PRA for each member, plus if appropriate

\[ \text{HB(SPC) Reg 22; CTB(SPC) Reg 12} \]

- a personal allowance for each dependant child or young person, and
- the FP, and
- any DCP

P3.392-P3.409
**Children and young persons**

**P3.410** When a child or young person is admitted to hospital, do not reduce the dependant's allowance or the disabled child premium, unless or until the child or young person no longer fulfils the conditions for absence from home, see A3 The 52 weeks limit.  

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**Withdrawing AA and DLA**

**P3.420** AA and the DLA care component for people aged 16 and over are withdrawn after 28 days of hospital in-patient treatment or earlier if they have previously been in hospital and the period is linked for AA/DLA purposes.

**P3.421** If DP has been awarded and AA/DLA is the only qualifying benefit, the premium should remain in payment

- until the normal hospital in-patient rules apply at 52 weeks, or
- continuously when only one member of a couple is in hospital

**P3.422** However, SDP should be

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**Action to take when stay in hospital is likely to be permanent or exceed 52 weeks**

**HB claims only**

**P3.430** Benefit is withdrawn after 52 weeks, or earlier if you decide the absence is likely to be permanent or is likely to exceed 52 weeks. If a partner or dependant remains in the home, they should be invited to claim.

**P3.431** A DP in payment because the partner in hospital was receiving one of the qualifying benefits should be withdrawn even though the partner at home may continue to receive an amount of dependency benefit.
P3.432  It should be noted that under the CTB scheme this provision does not exist. However, it is probable that after this length of time, the Council Tax Registration Officer would have decided that the hospital was the claimant's sole or main residence and they would be exempt from paying a Council Tax.

P3.433-P3.449

**Claimants discharged and readmitted to hospital within 28 days - the linking rule**

P3.450  When a patient is discharged from hospital, and subsequently readmitted within 28 days, count the total time spent in hospital when calculating the day when benefit is to be downrated. If the break is 29 days or longer, a new period starts. This linking rule does **not** apply when working out whether the claimant has been absent from home for more than 52 weeks, see A3 Occupying the home. Include the day of discharge from hospital in the calculation, but do **not** include the day of admission to hospital.

*HB(SPC) Reg 22; CTB(SPC) Reg 12*

P3.451-P3.469

**Pensioners regularly discharged from hospital**

P3.470  When a pensioner is regularly discharged from hospital during the week, for example, to accustom them to being at home, do not apply the downrating rules.

P3.471-P3.489

**Private patients**

P3.490  The downrating rules do not apply if the claimant, or someone on their behalf, is paying the **full** cost of accommodation and services other than services by way of treatment, whether in a private or an NHS hospital.

*HB Reg 24 & (SPC) 22; CTB Reg 14 & (SPC) 12*
**Amenity beds**

P3.510 Section 63 of the NHS Act 1977 and section 55 of the NHS (Scotland) Act 1978 provide for accommodation to be available to patients who undertake to pay charges for part of the cost of accommodation as determined by the Secretary of State. This accommodation is known as amenity bed accommodation.

P3.511 Because a person occupying an amenity bed is not paying the whole cost of the accommodation or services other than services by way of treatment, downrate benefits in the same way as for non-paying patients.
### Applicable amounts

**Personal allowances for people who have reached the qualifying age for Pension Credit**

<table>
<thead>
<tr>
<th>Category</th>
<th>April 2009</th>
<th>April 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single claimant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aged at least the qualifying age for Pension Credit but under 65</td>
<td>£130.00</td>
<td>£132.60</td>
</tr>
<tr>
<td>aged 65 or over</td>
<td>£150.40</td>
<td>£153.15</td>
</tr>
<tr>
<td>Lone Parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aged at least the qualifying age for Pension Credit but under 65</td>
<td>£130.00</td>
<td>£132.60</td>
</tr>
<tr>
<td>aged 65 or over</td>
<td>£150.40</td>
<td>£153.15</td>
</tr>
<tr>
<td>Couple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>one or both have reached the qualifying age for Pension Credit, but both under 65</td>
<td>£198.45</td>
<td>£202.40</td>
</tr>
<tr>
<td>one or both aged 65 or over</td>
<td>£225.50</td>
<td>£229.50</td>
</tr>
<tr>
<td>Polygamous marriages - pensioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>if claimant and all partners of the marriage aged at least the qualifying age for Pension Credit but under 65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>claimant and one partner</td>
<td>£198.45</td>
<td>£202.40</td>
</tr>
<tr>
<td>each additional partner in same household</td>
<td>£68.45</td>
<td>£69.80</td>
</tr>
<tr>
<td>if claimant and one or more partners are aged 65 or over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>claimant and one partner</td>
<td>£225.50</td>
<td>£229.50</td>
</tr>
<tr>
<td>each additional partner in same household</td>
<td>£75.10</td>
<td>£76.35</td>
</tr>
<tr>
<td>Child or young person</td>
<td>£56.11</td>
<td>£57.57</td>
</tr>
</tbody>
</table>
## Premiums for people who have reached the qualifying age for Pension Credit

<table>
<thead>
<tr>
<th>Premium Type</th>
<th>April 2009</th>
<th>April 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Premium</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One (or more) child(ren) aged under one year</td>
<td>£17.30</td>
<td>£17.40</td>
</tr>
<tr>
<td>Family Premium (Lone Parent) protected for certain claimants</td>
<td>£22.20</td>
<td>£22.20</td>
</tr>
<tr>
<td>One (or more) child(ren) aged under one year</td>
<td>£32.70</td>
<td>£32.70</td>
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<tr>
<td><strong>Disability Premium</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>£27.50</td>
<td>£28.00</td>
</tr>
<tr>
<td>Couple</td>
<td>£39.15</td>
<td>£39.85</td>
</tr>
<tr>
<td><strong>Enhanced Disability Premium</strong></td>
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<td></td>
</tr>
<tr>
<td>Single</td>
<td>£13.40</td>
<td>£13.65</td>
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<tr>
<td>Disabled child</td>
<td>£20.65</td>
<td>£19.65</td>
</tr>
<tr>
<td>Couple</td>
<td>£19.30</td>
<td>£19.65</td>
</tr>
<tr>
<td><strong>Severe Disability Premium</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>£52.85</td>
<td>£53.65</td>
</tr>
<tr>
<td>Couple (One qualifies)</td>
<td>£52.85</td>
<td>£53.65</td>
</tr>
<tr>
<td>Couple (Both qualify)</td>
<td>£105.70</td>
<td>£107.30</td>
</tr>
<tr>
<td><strong>Carer Premium</strong></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>£29.50</td>
<td>£30.05</td>
</tr>
<tr>
<td><strong>Disabled Child Premium</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>£51.24</td>
<td>£52.08</td>
</tr>
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</table>
Case study - HB/CTB claimant who receives ESA and has reached the qualifying age for Pension Credit

Couple, both aged 62. Man claims ESA(C) and HB/CTB on 15 December 2008. His wife is receiving weekly State Retirement Pension of £90.70 and a weekly occupational pension of £55. Weekly rent is £125 council tax £20.

HB/CTB calculation

Personal allowance £189.35

Income

- ESA(C) £60.50
- Wife's State Pension £90.70
- Wife's occupational pension £55.00 £206.20

Excess income £16.85

Rent £125 – (£16.85 x 65%) £10.95 HB £114.05
CT £20 – (£16.85 x 20%) £3.37 CTB £16.63

From 16 March he becomes entitled to the support component.

HB/CTB calculation

Personal allowance £189.35

(No component is awarded and the Enhanced Disability Premium does not apply to customers who have reached the qualifying age for Pension Credit)

Income

- ESA(C) £60.50
- support component £29.00
- Wife's State Pension £90.70
- Wife's occupational pension £55.00 £235.20

Excess income £45.85

Rent £125 – (£45.85 x 65%) £29.80 HB £95.20
CT £20 – (£45.85 x 20%) £9.17 CTB £10.83

The effective date will be the 16 March 2009.