

Employment and Support Allowance

Claim form and notes about how to claim

How to claim

The quickest and easiest way to make a claim is by phoning 0800 055 6688.

Our opening hours are Monday to Friday, 8am to 6pm.

- You **won't** need to complete this form as our staff will call you back and talk you through the claim.
- You can ask someone to be on the call with you. This could be a friend, relative or support worker.
- If you find long calls difficult, you can take a break and we'll call you back.

You can also claim by filling in this form in **BLACK INK** and in **CAPITAL LETTERS**

- Please read the notes before you fill in this form.
- Send the completed form back to us within one month of the date on the letter that came with this claim form. If you don't, you may only get benefit from the date we get all the information we need.
- Post it to us using the envelope that came with the form. It doesn't need a stamp. Please note, it can take 7 days to reach us by post.
- You can also download and print off this form by typing 'ESA1' into the search field at **www.gov.uk**

jobcentreplus

Department for
Work and Pensions

ESA1 02/17

Notes for you to keep

Please make sure you read these notes as they will help you complete the right parts of the form

If you would like this claim form in Braille, large print or audio please call Jobcentre Plus on **0345 608 8545** or textphone **0345 608 8551** and tell us what you need. Calls to **0345** numbers cost no more than a standard geographic call, and count towards any free or inclusive minutes in your landline or mobile phone contract.

If you live in Wales and want this form in Welsh please call us on **0345 600 3018**. You can also download and print off this form in Welsh by typing 'ESA1' into the search field at **www.gov.uk**

About this form

- If you need help completing the form, you can ask a friend, relative or an organisation that you know and trust to help you. You can also get help by contacting Jobcentre Plus.
- You may not get Employment and Support Allowance if you do not answer all the questions on the form that apply to you and your partner if you have one.
- If you can't send us the information we have asked for, please tell us why in **Part 23 Other information**. Sometimes we may still be able to deal with your claim.

What is Employment and Support Allowance?

If you have a disability, illness or health condition, Employment and Support Allowance (ESA) offers you:

- financial support if you're unable to work
- personalised help to help you get into work when you're able to or make steps towards going back to work.

You can apply for ESA if:

- you have a disability, illness or health condition
- you're unemployed
- you're self-employed
- you're employed but unable to get Statutory Sick Pay
- your Statutory Sick Pay has now ended.

There are 2 types of ESA:

- contribution-based
- income-related.

Contribution-based Employment and Support Allowance

You may get contribution-based ESA if you've paid or been credited with enough class 1 or class 2 National Insurance contributions in the last two relevant tax years. You won't get contribution-based ESA if you have credits only and not paid contributions. To check your National Insurance record or read about National Insurance credits and contributions, visit the HM Revenue & Customs (HMRC)' website at **www.gov.uk/check-national-insurance**

As part of your claim to ESA, you'll be asked to take part in a Work Capability Assessment. This will help us understand your current disability, illness or health condition. Depending how much your disability, illness or health condition limits your ability to work, you will be placed into one of two different groups. If you can show you're able to start doing things to prepare for work in the future, you will be put into the work-related activity group. If you are placed in the work-related activity group contribution-based ESA can only be paid for a maximum of 365 days.

Notes for you to keep continued

If your disability, illness or health condition severely limits your ability to work, you will be put into the support group. There's no time limit on how long you can claim contribution-based ESA if you're in the support group.

You may get ESA if you've lived or worked abroad and paid enough UK National Insurance or the equivalent in a European Economic Area (EEA) country, or a country with which the UK has an agreement.

You may get a lower amount of benefit if you get:

- other benefits
- a personal or occupational pension
- a public service pension.

Your savings will not affect your contribution-based ESA.

Income-related Employment and Support Allowance

How much you could get depends on your situation. You can claim income-related ESA for:

- you and your partner
- some housing costs.

We use 'partner' to mean a person you live with who is your husband, wife or civil partner, or a person you live with as if you are a married couple.

As part of your claim to ESA, you'll be asked to take part in a Work Capability Assessment. This will help us understand your current disability, illness or health condition. Depending on how much your disability, illness or health condition limits your ability to work, you will be placed into one of two different groups.

If you can show you're able to start doing things to prepare for work in the future, you will be put into the work-related activity group. If your disability, illness or health condition severely limits your ability to work, you will be put into the support group. There's no time limit on how long you can claim income-related ESA.

You may get a lower amount of benefit if you or anyone you are claiming for has:

- savings over £6,000
- money coming in each week. For example
 - earnings from part-time work
 - other benefits
 - your partner's earnings
 - personal or occupational pensions.

You won't be able to get income-related ESA if your partner is working more than 24 hours a week or you have joint savings of more than £16,000.

Notes for you to keep continued

Work Capability Assessments

As part of your claim to ESA, you'll be asked to take part in a Work Capability Assessment. We will ask you to read, fill in and return a Capability for Work questionnaire (ESA50) about how your disability, illness or health condition affects your ability to work. You may then be asked to go to a face-to-face assessment with a Healthcare Professional.

Please note: The face-to-face assessment is not a medical examination. It is to help us understand how your disability, illness or health condition affects your ability to work.

This means we can give you the right support to help you work when you can. This could include work you haven't thought about before. Not everyone is asked to go, but if you are given an appointment, it's important you attend. **If you don't fill in and send back the questionnaire, or go to your Work Capability Assessment if you are asked to, you could lose your ESA payments.**

We understand you might be nervous about your assessment. If you would like someone to go with you to the assessment please take them with you. The person you take should know and understand you and your needs (for example, a relative, support worker or friend. They must be 16 or over).

You can find out more about the Work Capability Assessment and see a video of a face-to-face assessment by visiting the Health Assessment Advisory Service website at chdauk.co.uk

After your assessment, we'll decide how much your disability, illness or health condition limits your ability to work. We'll make our decision using:

- the report written by the Healthcare Professional
- the answers from your questionnaire and
- any other medical evidence we get from your General Practitioner (GP) or Healthcare Professional who knows about your disability, illness or health condition.

If we find you are capable of work, we will stop paying you ESA.

If we find your disability, illness or health condition limits your ability to work, you will be placed into one of two different groups. These are called the work-related activity group and the support group.

If you can show you're able to start doing things to prepare for work in the future, you will be put into the work-related activity group.

If your disability, illness or health condition severely limits your ability to work, you will be put into the support group.

We will pay ESA at an assessment rate until you've had your Work Capability Assessment. The amount of benefit we pay you once you've had your Work Capability Assessment could change depending on which group you are placed in. If you're placed in the work-related activity group or support group we will backdate any arrears to week 14 of your claim.

If you've claimed Employment and Support Allowance before

If you've claimed ESA before and we decided during your last claim that you were able to do some type of work, we will ask you to provide evidence to show that:

- you have a new disability, illness or health condition, or
- the effect your disability, illness or health condition now has on your ability to do some work has become a lot worse since we last assessed you.

We will try and contact you either by phone or in writing about your evidence.

Notes for you to keep continued

Waiting days

Normally, you'll not get any ESA for the first 7 days from when you want to claim. These are called waiting days. Not everyone has to serve waiting days. For example, claimants who've been on ESA at any time in the previous 12 weeks.

Information you need to send us

If you're getting Statutory Sick Pay, please send us your current Statement of Fitness for Work with your claim. Statements of Fitness for Work are also known as fit notes, medical certificates, doctor's statements or sick notes. If you can't get Statutory Sick Pay, you don't normally need to get a Statement of Fitness for Work for the first 7 days of your disability, illness or health condition. We will need to see either a letter from your doctor or an original Statement of Fitness for Work from the 8th day you want to claim ESA for.

Near the back of the claim form, we've listed all the other things we'll need to see to help us make a decision on your claim. It's important that you send these to us if they apply to you. For example, your last payslips from work or your P45.

If you're claiming for a partner

We may ask your partner to go for work focused interviews. If we need your partner to go for an interview, we'll contact them after you've been getting income-related ESA for 26 weeks or more. If they don't take part in these interviews, it may affect your benefit.

Other help you might be able to get

Child Tax Credit

ESA does not include money for children or qualifying young people. But you can claim Child Tax Credits if you are responsible for a child or young person under the age of 20. To claim tax credits you need to fill in a form available from HM Revenue & Customs (HMRC). You can contact them by ringing:

- Telephone: **0345 300 3900**
- Textphone: **0345 300 3909**
- Welsh: **0300 200 1900**

To find out more about Child Tax Credit visit www.gov.uk/child-tax-credit

Housing Benefit and Council Tax reduction

Housing benefit can help to pay the rent for the place where you live. The amount you get depends on the amount of money you have coming in. For more information on the amount you might get – contact your local council. Council Tax reduction is help to pay for your council tax. To apply, please contact your local council. For more information on Housing Benefit and Council Tax reduction visit www.gov.uk

Support for Mortgage Interest Payments

We may be able to help towards your mortgage interest payments. This is normally paid directly to your lender. To find out more ask at your local jobcentre or visit www.gov.uk/support-for-mortgage-interest/overview

Notes for you to keep continued

How the Department for Work and Pensions collects and uses information

When we collect information about you, we may use it for any of our purposes. These include dealing with:

- benefits and allowances
- child benefit
- employment and training
- financial planning for retirement
- occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to. To find out more about how we use information, contact any of our offices or visit our website at **www.gov.uk/dwp/personal-information-charter**

Our service standards

At Jobcentre Plus we aim to provide a high standard of customer service at all times. Details of the standard of service you can expect from us can be found at **www.gov.uk**

You can access our website from many libraries. For more information please contact Jobcentre Plus.

Equality and diversity

We are committed to treating people fairly, regardless of their disability, ethnicity, gender, sexual orientation, transgender status, marital or civil partnership status, age, religion or beliefs. Please contact us if you have any concerns.

More information

To find out more about ESA visit **www.gov.uk/employment-support-allowance**

Notes for you to keep continued

How to fill in this form

Step 1

Decide which type of ESA you want to claim.

Please read the notes at the front of this form. They will help you decide which type of ESA to claim.

Step 2

Complete the right parts of the form for the type of ESA you've chosen.

For contribution-based ESA only fill in the answer boxes under **You** on page 1 to 25. Read the notes on page 26 and then go to page 48 and fill in the rest of the form.

For income-related ESA fill in the answer boxes for **You and Your partner** on pages 1 to 25. Read the notes on page 26 and then go to page 27 and fill in the rest of the form.



If you do not claim income-related ESA now, but then ask for it at a later date, we will normally only pay it from that later date.

Step 3

Read, sign and date the Declaration.

Return this form and copies of any supporting information in the envelope provided.

Please keep these notes but return the form to us.

Part 1: About you and your partner

Please fill in this form in **BLACK INK** and in **CAPITAL LETTERS**

Do you have a partner?

We use 'partner' to mean

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple.

No Please answer all the questions that apply to you.

Yes Please answer all the questions that apply to both you and your partner.

Does your partner agree to you making this claim?

No We will get in touch with you about this. But still tell us as much as you can about your partner.

Yes Your partner may be required to take part in a work focused interview if you are still claiming for them in 26 weeks.

Surname

Your partner

First name and any other names

Any other surnames you have been known by

Title

Mr Mrs Miss Ms Other title

Mr Mrs Miss Ms Other title

Date of birth

National Insurance (NI) number

You can get this from payslips or from tax papers. Or get in touch with Jobcentre Plus.

Letters Numbers Letter

Letters Numbers Letter

Address

Please tell us your address, and tell us your partner's address, if it is different.

 Postcode

 Postcode

Part 1: About you and your partner continued

You

Your partner

Address, if different in the last 3 years

If you need to tell us about more than one other address, use the space in **Part 23 Other information**.

Postcode

Postcode

Mobile phone number

This is the number we'll use to send you a text if we need to.

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Daytime phone number, if different.

--

work home

--

work home

Email, if you have one.

--

--

Nationality

For example, British.

--

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If you are homeless, please tell us where we can get in touch with you.

Postcode

Postcode

Part 1: About you and your partner continued

You

Your partner

What is your marital or civil partnership status?

Tick all the boxes that apply. If you tick more than one box, please tell us why in **Part 23 Other information**.

- Married or civil partner
- Divorced or civil partnership dissolved
- Single
- Separated
- Living together
- Widowed or surviving civil partner

Date became widowed or surviving civil partner

- Married or civil partner
- Divorced or civil partnership dissolved
- Single
- Separated
- Living together
- Widowed or surviving civil partner

Date became widowed or surviving civil partner

Are you expecting a baby?

If you are expecting a baby or have a child under four, you may qualify for Healthy Start vouchers and vitamins. Call the Healthy Start helpline on **0845 607 6823** or visit **www.healthystart.nhs.uk** for an application leaflet.

- No
- Yes What date is the baby due?

- No
- Yes What date is the baby due?

Have you had a baby in the 39 weeks before the date you are claiming from?

- No
- Yes What date was the baby born?

- No
- Yes What date was the baby born?

Part 2 About your claim

Do you get any special medical treatment?

By 'special medical treatment' we mean:

- dialysis
- radiotherapy
- chemotherapy
- plasmapheresis
- total parenteral nutrition for gross impairment of enteric function.

No

Yes

Have any of your employers given you a form SSP1?

Your employer will give you form SSP1 because you cannot get Statutory Sick Pay, or because your Statutory Sick Pay is coming to an end.

Statutory sick pay is money employers pay to employees who are away from work for four days or more in a row because of their health condition, illness or disability.

No You may be able to get Statutory Sick Pay instead of Employment and Support Allowance. Ask your employer about Statutory Sick Pay **before you fill in this form.**

Yes You must send us a **separate** form **SSP1** for **each** job you do along with this form.

What date do you want to claim Employment and Support Allowance (ESA) from?

We will need more information from you if the date you have written here is before the day you called us. We will contact you about this.

Please tell us which type of ESA you're claiming.

Contribution-based ESA

Income-related ESA

Part 3 Special Rules

We have special rules for people who are terminally ill (this means people who are not expected to live longer than another six months).

If you qualify for special rules then you'll get a faster decision and the higher rate of ESA from the date your claim was made. Please ask us if you need help with applying under special rules.

Do you think that the special rules apply to you?

No Go to **Part 4 About your disability, illness or health condition.**

Yes Ask your doctor or specialist for a **DS1500 Report.**

The **DS1500 Report** is a report about your medical condition. You will not have to pay for it.

You can ask the doctor's receptionist, or nurse, or a social worker to arrange this for you. You do not have to see the doctor. You should be given the **DS1500 Report** straight away. Ask for the report in a sealed envelope if you do not want anyone to see it.

If there is a delay in getting your **DS1500 report**, still send us your ESA claim form to prevent a delay in your claim being processed. Then send us your **DS1500 report** as soon as you can.

Have you already asked for a **DS1500 Report** for your claim for Disability Living Allowance or Personal Independence Payment?

No

Yes You do not need to get another **DS1500 Report.** Send the **DS1500 Report** with your claim for Disability Living Allowance or Personal Independence Payment.

Have you already sent the **DS1500 Report** with your claim for Disability Living Allowance or Personal Independence Payment?

No

Yes

Part 4: About your disability, illness or health condition

	You	Your partner
What date did your disability, illness or health condition start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Please give brief details of your disability, illness or health condition.	<input type="text"/>	<input type="text"/>

Name of the doctor who signs your Statement of Fitness for Work.	<input type="text"/>	<input type="text"/>
Address of the doctor who signs your Statement of Fitness for Work.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text" value="Postcode"/>	<input type="text" value="Postcode"/>
Phone number of the doctor who signs your Statement of Fitness for Work.	<input type="text" value="Code Number"/>	<input type="text" value="Code Number"/>

Are you getting Statutory Sick Pay? No

Yes Please send us your current Statement of Fitness for Work. We need to see the original paper copy. We can't accept photocopies. Go to the next page.

Can you get Statutory Sick Pay?
If you are not sure, please ask your employer.

No We'll need to see either a letter from your doctor or an original Statement of Fitness for Work for any period you want to claim ESA for.

Yes

Part 4: About your disability, illness or health condition continued

Have you been in hospital as an in-patient in the last 52 weeks?

Name and address of hospital

Date you went in to hospital

Have you come out of hospital?

Are you due to go into hospital in the next 3 months?

Are you, your partner, or any child or young person living in your household registered blind or severely sight impaired?

If anyone was registered blind or severely sight impaired but has come off the blind register in the last 28 weeks, please tell us about this in **Part 23 Other information**.

You

No

Yes Please tell us about this below.

Postcode

/ /

No

Yes Date you came out of hospital.

/ /

No

Yes Date you are due to go into hospital.

/ /

Your partner

No

Yes Please tell us about this below.

/ /

No

Yes Date they came out of hospital.

/ /

No

Yes Date they are due to go into hospital.

/ /

No

Yes Who is registered blind or severely sight impaired?

What date did you, your partner or anyone you are claiming for register as blind or severely sight impaired?

Please tell us the name of the local authority or council where this is registered.

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/ /

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Part 5: About work

We need to know about work you are doing now.

Please tell us about any:

- work for an employer or self-employed work
- full-time or part-time work
- permanent or casual work

- unpaid work or paid work
- work as a company director
- time spent on Work-Based Training for Young People, and Skillseekers in Scotland.

Are you working at the moment?

Still tick **Yes** and answer the questions below if you're not working at the moment because of a disability, illness or health condition, or you do voluntary work.

You

No Please send us your **P45**.
Go to **Part 6 About other benefits**.

Yes Please tell us about this below. If this was paid work provide the last 5 weekly payslips or last 2 monthly payslips.

Your partner

No Go to **Part 6 About other benefits**.

Yes Please tell us about this below. If this was paid work provide the last 5 weekly payslips or last 2 monthly payslips.

Date the work started

 / /
 / /

If you are no longer working, date you last worked

 / /
 / /

Number of hours a week you usually work

 hours

 hours

Number of days a week you usually work

 days

 days

Number of hours a week you currently work

 hours

 hours

Number of days a week you currently work

 days

 days

Employer's name

Employer's address

 Postcode

 Postcode

Employer's phone number

 Code Number

 Code Number

Employer's email if known

Job title

Clock, payroll or employee number

Part 5: About work continued

	You		Your partner	
Will your employer keep paying you if you are off work because of a disability, illness or health condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Do you get any money for expenses?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Does the employer pay any money towards a pension for you?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Is the work you do voluntary work?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
	Can you choose whether or not to be paid for the work?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Can they choose whether or not to be paid for the work?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Do you get anything else in return for working? For example, things like accommodation or food.	No <input type="checkbox"/> Yes <input type="checkbox"/>	Do they get anything else in return for working? For example, things like accommodation or food.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you self-employed or a sub-contractor?	No <input type="checkbox"/> Yes <input type="checkbox"/>	We will send you a form B16 to fill in and return to us.	No <input type="checkbox"/> Yes <input type="checkbox"/>	We will send you a form B16 to fill in and return to us.
Do you work in a specialist occupation? By 'specialist occupation' we mean: <ul style="list-style-type: none">● an auxiliary coastguard● a part-time fire-fighter● a part-time member of a lifeboat crew, or● territorial or reserve forces.	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are you involved in a trade dispute? By 'trade dispute' we mean a dispute between you and your employer or ex-employer.	No <input type="checkbox"/> Yes <input type="checkbox"/>	We will write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/>	We will write to you about this.

Part 5: About work continued

Do you know when you will be well enough to work again?

Are you going to go back to work?

Did you work a night shift which included midnight on the date you last worked?

What date and time did you start the shift?

What date and time did you end the shift?

Will you go back to work on a night shift which includes midnight?

What date and time will you start the shift?

What date and time will you end the shift?

If you have more than one employer, please tell us about them in **Part 23 Other information**.

You

No

Yes Tell us when you will be well enough to work.

No

Yes What date will you go back to work?

No

Yes Tell us about this below.

 at am / pm at am / pm

No

Yes Tell us about this below.

 at am / pm at am / pm

Your partner

No

Yes Tell us when you will be well enough to work.

No

Yes What date will you go back to work?

No

Yes Tell us about this below.

 at am / pm at am / pm

No

Yes Tell us about this below.

 at am / pm at am / pm

Part 6: About other benefits

Please tell us about any benefits you are getting now, or have claimed in the past. We will tell you if they affect your ESA.

For example, you must tell us about

- Attendance Allowance
- Bereavement Allowance
- Bereavement Payment
- Carer's Allowance
- Disability Living Allowance
- Incapacity Benefit
- Income Support
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Jobseeker's Allowance
- Maternity Allowance
- Motability or any other help with mobility problems
- Pension Credit
- Personal Independence Payment
- Reduced Earnings Allowance
- State Pension
- Severe Disablement Allowance
- Unemployability Supplement
- Universal Credit
- Widow's Benefit
- Widowed Mother's Allowance
- Widowed Parent's Allowance

You must also tell us about any other benefits, even if they are not on this list.

Do not tell us about:

- Housing Benefit
- a reduction in Council Tax
- Child Tax Credits
- Working Tax Credits.

We will ask you about these later on the form.

Are you getting or waiting to hear about any benefits now?

You

- No Go to **page 17**.
Yes Tell us about these benefits on **page 12**.

Your partner

- No Go to **page 17**.
Yes Tell us about these benefits on **page 12**.

Part 6: About other benefits continued

	Benefit 1	Benefit 2	Benefit 3
Name of the benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who is getting the benefit?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference number You can find this number on letters you've been sent about the benefit.	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is paid?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often is it paid?	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> Other <input type="text" value="every"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> Other <input type="text" value="every"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> Other <input type="text" value="every"/>
What day is it paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How is it paid?	Directly into a bank or building society account <input type="checkbox"/> Other <input type="checkbox"/>	Directly into a bank or building society account <input type="checkbox"/> Other <input type="checkbox"/>	Directly into a bank or building society account <input type="checkbox"/> Other <input type="checkbox"/>
Date of next payment	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
Is any money being deducted from the benefit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much is being deducted?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
What is it being deducted for?	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need to tell us about more than 3 benefits, please tell us in **Part 23 Other information**.

Part 6: About other benefits continued

Have you ever claimed Carer's Allowance?

Tick **Yes**, even if you were not paid any Carer's Allowance. This could have been because you were better off getting another benefit.

You

No

Yes

Your partner

No

Yes

Has the Carer's Allowance stopped in the last 3 months?

No

Yes

No

Yes

Date of last claim or payment

Name of the person being cared for

Address of the person being cared for

Does anyone care for you on a regular basis?

No

Yes

No

Yes

What is their name and address?

Do they get Carer's Allowance for caring for you? Tick **Yes** if they have claimed Carer's Allowance and are waiting to hear about it.

No

Yes

No

Yes

Part 6: About other benefits continued

Do you or your partner or any of your children or qualifying young persons who live in your household get Disability Living Allowance?

We use 'child' to mean a person aged 15 and under who you are getting Child Benefit for.

We use 'qualifying young person' to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

You

No
Yes

Your partner

No
Yes

Children or qualifying young persons

No
Yes Who gets the benefit?

Is the Disability Living Allowance for help with getting around?

No
Yes What rate is paid?
Lower rate
Higher rate

No
Yes What rate is paid?
Lower rate
Higher rate

No
Yes What rate is paid?
Lower rate
Higher rate

Is the Disability Living Allowance for help with personal care?

No
Yes What rate is paid?
Lowest rate
Middle rate
Highest rate

No
Yes What rate is paid?
Lowest rate
Middle rate
Highest rate

No
Yes What rate is paid?
Lowest rate
Middle rate
Highest rate

If you get Disability Living Allowance for more than one child or qualifying young person, tell us about it in **Part 23 Other information**.

Do you or your partner or any of the children or qualifying young persons who live in your household get:

- Attendance Allowance
- Motability
- War Pension Mobility Supplement, or
- other help with mobility problems?

No
Yes

No
Yes

No
Yes Who gets the benefit or help?

Do you, your partner or any of your qualifying young persons who live in your household get Personal Independence Payment?

No
Yes Please tell us about this below

No
Yes Please tell us about this below

No
Yes Please tell us about this below

Part 6: About other benefits continued

Is it for help with mobility?

You

No
Yes What rate is paid?
Standard rate
Enhanced rate

Your partner

No
Yes What rate is paid?
Standard rate
Enhanced rate

Children or qualifying young persons

No
Yes What rate is paid?
Standard rate
Enhanced rate

Is it for help with daily living?

No
Yes What rate is paid?
Standard rate
Enhanced rate

No
Yes What rate is paid?
Standard rate
Enhanced rate

No
Yes What rate is paid?
Standard rate
Enhanced rate

Do you get War Widow's or War Widower's Pension?

You

No
Yes

Your partner

No
Yes

Reference number

Is anyone getting, or has anyone just stopped getting, Child Benefit for you?

No
Yes Please tell us about them below:

No
Yes Please tell us about them below:

Their surname

Their other names

Part 6: About other benefits continued

You

Your partner

Their address

Postcode

Postcode

Numbers

Letters

Numbers

Letters

Their Child Benefit number

--	--	--	--	--	--	--	--	--	--

--	--

--	--	--	--	--	--	--	--	--	--

--	--

Have you claimed any other benefits in the last 2 years?

If the claim was turned down, still tick **Yes**.

No

Yes Tell us about the last benefit you claimed below.

No

Yes Tell us about the last benefit they claimed below.

Name of benefit

--

--

Date of last payment

	/		/	
--	---	--	---	--

	/		/	
--	---	--	---	--

Which benefit office dealt with the claim?

--

--

Was your name or address different when you last claimed a benefit?

No

Yes Please tell us about this below.

No

Yes Please tell us about this below.

Full previous name

--

--

Previous address

Postcode

Postcode

When did you move to your present address?

	/		/	
--	---	--	---	--

	/		/	
--	---	--	---	--

Is anyone getting extra money added to their benefit for you?

No

Yes Please tell us about this in **Part 23 Other information.**

No

Yes Please tell us about this in **Part 23 Other information.**

Part 7: About time spent abroad

Have you:

- worked or claimed benefit outside the United Kingdom in the last 5 years, or
- been a member, or in the family of a member of HM Armed Forces outside the United Kingdom in the last 12 weeks?

By the 'United Kingdom' we mean England, Scotland, Wales and Northern Ireland.

Which countries did you go to, and when?

If you went to more than two countries, please tell us about them in **Part 23 Other information**.

Please tick the boxes that describe what you did while you were abroad.

Were you abroad because someone in your family was in HM Armed Forces?

What is their relationship to you?
For example, your father or mother.

You

No

Yes

Country 1

From

 / /

To

 / /

Country 2

From

 / /

To

 / /

Employed by a foreign employer

Employed by a UK employer

Claimed UK benefit abroad

No

Yes

Self employed

Claimed foreign benefit

A member of HM Armed Forces

Your partner

No

Yes

Country 1

From

 / /

To

 / /

Country 2

From

 / /

To

 / /

Employed by a foreign employer

Employed by a UK employer

Claimed UK benefit abroad

No

Yes

Self employed

Claimed foreign benefit

A member of HM Armed Forces

Part 7: About time spent abroad continued

	You	Your partner
Are you exempt from paying UK income tax?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Were you abroad for more than one year in total in the 5 years before you stopped paying UK income tax? For example, you were abroad one year for 6 months and abroad for 7 months the year before that.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Part 8: About statutory payments

We need to know about any statutory payments you are getting from your employer, or have claimed in the past. We will tell you if they affect your ESA.

For example, you must tell us about:

- Statutory Adoption Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Statutory Sick Pay.

These types of payments are required by law. They are paid by an employer to an employee if the employee satisfies the qualifying conditions.

	You	Your partner
Are you getting or waiting to hear about any statutory payments now?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.
Name of the statutory payment	<input type="text"/>	<input type="text"/>
Who do you get your statutory payment from?	<input type="text"/>	<input type="text"/>
How much money do you get and how often?	£ <input type="text"/> every <input type="text"/> weeks / months	£ <input type="text"/> every <input type="text"/> weeks / months
What day is it paid?	<input type="text"/>	<input type="text"/>

Have you ever had a statutory payment in the past?	No <input type="checkbox"/> Go to Part 9 About pensions. Yes <input type="checkbox"/> Please tell us about this below.	No <input type="checkbox"/> Go to Part 9 About pensions. Yes <input type="checkbox"/> Please tell us about this below.
Name of the statutory payment	<input type="text"/>	<input type="text"/>
Who did you get your statutory payment from?	<input type="text"/>	<input type="text"/>
How much money did you get and how often?	£ <input type="text"/> every <input type="text"/> weeks / months	£ <input type="text"/> every <input type="text"/> weeks / months
What day was it paid?	<input type="text"/>	<input type="text"/>

If you need to tell us about any other statutory payments, tell us in **Part 23 Other information.**

Part 9: About pensions

Are you getting or waiting to get a pension?

By 'pension' we mean:

- an occupational pension,
- a personal pension
- a retirement annuity contract, or
- payment from the Armed Forces Compensation Scheme.

Do not tell us about State Pension here.

Tick **Yes** if you get:

- regular pension payments
- an annual compensation payment from a previous job
- lump sum payments from an occupational or personal pension. These could be paid yearly
- payments from the Pension Protection Fund
- Financial Assistance Scheme payments.



You

No Go to **Part 10 About permanent health insurance.**

Yes Please tell us about this below. If you have more than one pension, please tell us about them in **Part 23 Other information.**

Your partner

No Go to **Part 10 About permanent health insurance.**

Yes Please tell us about this below. If your partner has more than one pension, please tell us about them in **Part 23 Other information.**

Please send us proof of your pension income. For example:

- a letter of entitlement from your employer or the insurance company that pays the pension
- a payment advice notice from your pension provider
- a current wage slip showing details of your pension income.

Send us the original documents. Do not send us photocopies. You do not need to send proof of a payment from the Armed Forces Compensation Scheme.

If you do not send proof of pension income, you may lose benefit.

What type of pension are you getting or waiting to get?

Personal pension

Occupational, work or employee's pension

Retirement annuity contract

An annuity is like an insurance policy. You use your pension fund to buy a guaranteed income for life.

Public service pension

Pension paid to you as a beneficiary

Personal pension

Occupational, work or employee's pension

Retirement annuity contract

An annuity is like an insurance policy. You use your pension fund to buy a guaranteed income for life.

Public service pension

Pension paid to you as a beneficiary

Part 9: About pensions continued

	You	Your partner
Name and address of your pension provider	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Their phone number	<input type="text" value="Code"/> <input type="text" value="Number"/>	<input type="text" value="Code"/> <input type="text" value="Number"/>
Pension or policy reference number	<input type="text"/>	<input type="text"/>
How much is the pension before any deductions? For example, deductions like income tax.	£ <input type="text"/> every <input type="text"/> weeks / months / year	£ <input type="text"/> every <input type="text"/> weeks / months / year
How much is the pension after any deductions?	£ <input type="text"/> every <input type="text"/> weeks / months / year	£ <input type="text"/> every <input type="text"/> weeks / months / year
How much are the deductions and what are they for?	£ <input type="text"/> for <input type="text"/> £ <input type="text"/> for <input type="text"/>	£ <input type="text"/> for <input type="text"/> £ <input type="text"/> for <input type="text"/>
When did the pension start, or when will it start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of first payment	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Will the pension increase?	No <input type="checkbox"/> Yes <input type="checkbox"/> Date of first payment after the increase <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Date of first payment after the increase <input type="text"/> / <input type="text"/> / <input type="text"/>
How much will your pension be after the increase?	£ <input type="text"/> every <input type="text"/> weeks / months / year	£ <input type="text"/> every <input type="text"/> weeks / months / year
Did you choose to take regular income from the pension scheme instead of buying an annuity?	No <input type="checkbox"/> Yes <input type="checkbox"/> Was this the maximum income you could take? No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Was this the maximum income they could take? No <input type="checkbox"/> Yes <input type="checkbox"/>
Did you inherit your pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Part 10: About permanent health insurance

Are you waiting to hear about any permanent health insurance payment?
If **Yes**, let us know as soon as your permanent health insurance payment has been awarded.

You
No
Yes

Your partner
No
Yes

Do you get a permanent health insurance payment?
If you have more than one permanent health insurance payment, please tell us about them in **Part 23 Other information**.

No Go to **Part 11 Education, training and apprenticeship**.
Yes

No Go to **Part 11 Education, training and apprenticeship**.
Yes

Name and address of the employer paying the permanent health insurance premiums

Postcode

Postcode

Their phone number

Code	Number
------	--------

Code	Number
------	--------

Has your contract of employment ended with this employer?

No
Yes When did it end?

No
Yes When did it end?

Have you contributed more than half the premiums towards any permanent health insurance payment?

No
Yes

No
Yes

Part 11: Education, training and apprenticeship

Have you done a course of education, training or apprenticeship in the last 4 years?

If you are still doing the course, tick **Yes**.

What was the course?

Please tick all the boxes that apply

Name of course, training scheme or apprenticeship

Name and address of school, training centre, college or university

Number of hours a week

Start date and official end date

Do you have a final examination date?

Are you eligible for a student loan or grant?

Are you getting a student loan or grant?

What period is the student loan or grant for?

You

No Go to **Part 12 Where you live**.

Yes Please tell us about this below.

Education

Training

Apprenticeship

Postcode

hours

/ / to / /

No

Yes What is this date?

No

Yes

No

Yes What is the reference number?

/ / to / /

Your partner

No Go to **Part 12 Where you live**.

Yes Please tell us about this below.

Education

Training

Apprenticeship

Postcode

hours

/ / to / /

No

Yes What is this date?

No

Yes

No

Yes What is the reference number?

/ / to / /

Part 12: Where you live

Do you live with parents, relatives or friends as part of their family?

Full name of the head of the household

Title

Relationship to you

For example, parent, friend or relative

You

No

Yes Tell us their name, title and relationship to you below then go to **page 26**.

Mr Mrs Miss Ms

Other title

Your partner

No

Yes Tell us their name, title and relationship to you below then go to **page 26**.

Mr Mrs Miss Ms

Other title

Do you share the rent or mortgage for the place where you live with anyone else?

If you just share with your partner, tick **No**.

No

Yes Names of the people you share with.

No

Yes Names of the people they share with.

Do you rent your home from a council?

Tick **Yes**:

- if the council is paying for you to stay in bed and breakfast, or a hotel
- if you do not pay rent because you get Housing Benefit.

No

Yes Name and address of the council.

 Postcode

No

Yes Name and address of the council.

 Postcode

Do you pay a private landlord, landlady or housing association for the place where you live?

Tick **Yes** if you:

- just pay for the place where you live
- pay for meals as well as the place where you live
- live in a hotel, guest house or hostel.

No

Yes Please tell us their name and address.

 Postcode

No

Yes Please tell us their name and address.

 Postcode

Part 12: Where you live continued

Do you pay any service charges for the place where you live?

For example, cleaning and maintenance of stairs and hallways.

How much do you pay and how often?

You

No

Yes

£ every weeks / months / year

Your partner

No

Yes

£ every weeks / months / year

If you have any papers about the service charge, please send them to us with this form.

Is the place where you live a Crown tenancy or under a long term agreement?

By crown tenancy we mean where your landlord is the crown or a government department.

By long term agreement we mean a tenancy agreement which is for more than 21 years.

No

Yes

Are you already getting, waiting to hear about or intending to claim Housing Benefit or apply for a Council Tax reduction, or both?

No

Yes

Housing Benefit and Council Tax reduction do not affect the amount of ESA you can get.



To claim Housing Benefit, fill in the form **HCTB1**. You can get form **HCTB1** from your local council or print it off from gov.uk then send the completed form **HCTB1** to your local council. For more information about Housing Benefit or if you wish to apply for a reduction in your Council Tax please contact your Local Authority.

Did you claim Housing Benefit or apply for a reduction in your Council Tax with a previous claim for

- Jobseeker's Allowance
- Income Support, or
- Employment and Support Allowance?

No

Yes

Did you get an extra 4 weeks payment for your rent or council tax reduction when you started work after your previous claim?

No

Yes

No

Yes

Did they get an extra 4 weeks payment for rent or council tax reduction when they started work after their previous claim?

No

Yes

Part 13: What to do now

Step 1

Make sure you have decided which type of Employment and Support Allowance (ESA) you want to claim.

Please read the Notes again if you are not sure. These can be found at the front of this form.



If you do not claim income-related ESA now, but then ask for it at a later date, we will normally only pay it from that later date.

Step 2

If you want to claim contribution-based ESA go to Part 22 How we pay you and complete the rest of the form from there until the end.

If you want to claim income-related ESA make sure you have completed the first part of the form with your partner details (if you a partner). Then go to Part 14 Coming to the United Kingdom from abroad and complete the rest of the form from there until the end.

Step 3

Read, sign and date the Declaration.

Return this form and copies of any supporting information in the envelope provided.

Part 14: Coming to the United Kingdom from abroad

Everyone must answer these questions, if you do not your claim may be delayed.

By the *United Kingdom* (UK) we mean England, Scotland, Wales and Northern Ireland.

Are you or your partner UK nationals?

By a UK national we mean someone from England, Scotland, Wales or Northern Ireland.

You

No

Yes

Your partner

No

Yes

If a UK national, do you or your partner have the right of abode in the UK?

For example, you have the right of abode in the UK if you are a British citizen.

By *the right of abode* we mean you

- are free from immigration control, **and**
- do not need the permission of an immigration officer to enter the UK, **and**
- can live and work in the UK without restriction.

No

Yes

No

Yes

At any time, have you or your partner come to live or returned to live in the UK from abroad?

No

Yes Please tell us about this below.

Please send passport or immigration documents for the people you tell us about below with this form. Or you can bring the passport or documents to your local Jobcentre Plus.

You can find the phone number and address on the advert in the business numbers section of the phone book. Look under **Jobcentre Plus**.

Please tell us about this below.

Please send passport or immigration documents for the people you tell us about below with this form. Or you can bring the passport or documents to your local Jobcentre Plus.

You can find the phone number and address on the advert in the business numbers section of the phone book. Look under **Jobcentre Plus**.

Part 14: Coming to the United Kingdom from abroad continued

You

Your partner

What is your nationality?

Which country have you come from?

What date did you last come to the UK?

Was this to work in the UK?

No

Yes

No

Yes

Has the Home Office put a limit on how long you can stay in the UK?

No

Yes

No

Yes

Does your passport say **no recourse to public funds**?

No

Yes

No

Yes

If you have lived in the UK before, when did you last leave the UK?

Part 14: Coming to the United Kingdom from abroad continued

Have you or your partner come to the UK under the Family Reunion Scheme?

No Please go to the next question.
Yes Please go to the next page.

Have you or your partner come to the UK under a sponsorship undertaking?

No
Yes Please tell us about this below.

A 'sponsorship undertaking' is a form that a relative must sign to say that they will pay for your living expenses if you settle in the UK. You can find out more by visiting www.gov.uk/browse/citizenship
A sponsorship undertaking is not the same as the Family Reunion Scheme.

Who is being sponsored?

Name of the sponsor

Address of the sponsor

Postcode

Home Office reference number

What date did the sponsor sign the sponsorship undertaking?

If more than one sponsor signed the sponsorship undertaking, please tell us about them in **Part 23 Other information**.
We may get in touch with you for more information.

Part 14: Coming to the United Kingdom from abroad continued

Please answer all of these questions, even if you think they do not apply to you.

	You	Your partner
Are you or your partner an asylum seeker?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Did you or your partner first apply for asylum before 3 April 2000?	No <input type="checkbox"/> If you are still an asylum seeker, you will not usually be able to get benefit. But you may get help from the Home Office. Yes <input type="checkbox"/> Send us proof of the asylum application with this form. Or you can bring the proof to your local Jobcentre Plus.	No <input type="checkbox"/> If they are still an asylum seeker, they will not usually be able to get benefit. But they may get help from the Home Office. Yes <input type="checkbox"/> Send us proof of the asylum application with this form. Or you can bring the proof to your local Jobcentre Plus.
Have you or your partner recently had a successful decision on your asylum application?	No <input type="checkbox"/> Yes <input type="checkbox"/> Send us proof of the decision with this form. Or you can bring the proof to your local Jobcentre Plus. / /	No <input type="checkbox"/> Yes <input type="checkbox"/> Send us proof of the decision with this form. Or you can bring the proof to your local Jobcentre Plus. / /
What was the date when you got the successful decision of your asylum application?		
Have you or your partner been supported by the Home Office while waiting for a decision on your asylum application?	No <input type="checkbox"/> Yes <input type="checkbox"/> Send us details of any support given to you by the Home Office. For example, a letter from the Home Office which tells us about these things.	No <input type="checkbox"/> Yes <input type="checkbox"/> Send us details of any support given to them by the Home Office. For example, a letter from the Home Office which tells us about these things.

Part 15: About children and qualifying young persons

Do you have any children or qualifying young persons living permanently in your household who are dependent on you?

Do not include:

- foster children
- children or qualifying young persons who are boarded out with you while they wait to be adopted.

No Go to **Part 16 About bank and building society accounts, savings and property.**

Yes Please tell us about these children or qualifying young persons below.

- We use 'child' to mean a person aged 15 or under who you are getting Child Benefit for.
- We use 'qualifying young person' to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

Children or qualifying young persons living permanently in your household who are dependent on you

Relationship to you

For example, son, daughter, niece, grandson, stepdaughter or none.

Relationship to your partner

Are you getting or have you claimed Child Benefit for this child or qualifying young person?

Does the child or qualifying young person have a parent or parents who live somewhere else?

Surname	Other names	Date of birth	Male or female		Relationship to you	Relationship to your partner	Are you getting or have you claimed Child Benefit for this child or qualifying young person?	Does the child or qualifying young person have a parent or parents who live somewhere else?
			M	F				
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Tell us in **Part 23 Other information**

- if you have more than 8 children or qualifying young persons
- if you have any children or qualifying young persons who normally live with you but are in boarding school or local authority care.

If you have told us about a child or qualifying young person who has a parent who lives somewhere else, ask for **leaflet DWP007** about child maintenance options if you are claiming benefits. You can get it from Jobcentre Plus.

Part 16: About bank and building society accounts, savings and property

We need to know about savings that you or your partner have.

By 'savings' we mean all money, savings, investments and property in the United Kingdom (UK) or abroad which belong to you or your partner. By the 'UK' we mean England, Scotland, Wales and Northern Ireland.

Do you or your partner have any of the following?

Please tick **No** or **Yes** for every item in the list.

Tell us about accounts even if they are not in credit.

Bank accounts, including current accounts

You

No **Yes** **Amount**

£

Building society accounts, including current accounts

£

Post Office® accounts

£

National Savings & Investments accounts

£

National Savings Certificates

£

Number of units Issue number

Purchase price

£

Premium bonds

£

Number of units Purchase price

£

Income Bonds or Capital Bonds

£

Number of units

Name

Your partner

No **Yes** **Amount**

£

£

£

£

£

Number of units Issue number

Purchase price

£

£

Number of units Purchase price

£

£

Number of units

Name

Part 16: About bank and building society accounts, savings and property continued

Do you or your partner have any of the following?

Please tick **No** or **Yes** for every item in the list.
Tell us about accounts even if they are not in credit.

	You			Your partner		
	No	Yes	Amount	No	Yes	Amount
Unit Trusts	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
ISAs, PEPs and other investments	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Government Stock	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Money or property held in trust	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Cash	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
A lump sum personal injury payment in last 52 weeks	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
			Date you got the payment <input type="text"/> / <input type="text"/> / <input type="text"/>			Date you got the payment <input type="text"/> / <input type="text"/> / <input type="text"/>
Insurance for repairs or possessions	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Money from the sale of a home	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Money set aside for essential repairs	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Outstanding money from the Social Fund	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Other money from benefits owed to you	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
World War II compensation payment	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Far Eastern Prisoners of War compensation payment	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
State Pension lump sum	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

Part 16: About bank and building society accounts, savings and property continued

Do you or your partner have any of the following?

Please tick **No** or **Yes** for every item in the list.
Tell us about accounts even if they are not in credit.

Money from a trust fund

You

No Yes Amount

<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="text"/>
--------------------------	--------------------------	---	----------------------

Your partner

No Yes Amount

<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="text"/>
--------------------------	--------------------------	---	----------------------

Do not tell us about payments from:

- The Macfarlane Trust
- The Eileen Trust
- The Skipton Fund
- The Fund
- MFET Ltd
- The Caxton Foundation.

Any other money

<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="text"/>
--------------------------	--------------------------	---	----------------------

<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="text"/>
--------------------------	--------------------------	---	----------------------

Shares

If you or your partner have more than 3 types of shares, tell us about them in **Part 23**.

	No	Yes	Amount	Number of units	Name of company	You	Your partner
	<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much are the savings worth in total?

Add together all the amounts from **pages 32, 33** and **34** to work this out.

£	<input type="text"/>
---	----------------------

Do you and your partner's savings add up to £5,500 or more?

No

Yes

Please send us proof of your savings with this form. For example, a recent bank statement or a savings book updated within the last month.

Have your savings been more than £5,500 during the last 6 months?

No

Yes

Please send us proof of your savings with this form. For example, a recent bank statement or a savings book updated within the last 6 months.

Part 16: About bank and building society accounts, savings and property continued

Apart from the home you live in, do you or your partner own or jointly own any other property or land in the UK or abroad?

Tick **Yes** if the property or land is:

- on a mortgage or loan, **or**
- jointly owned.

No

Yes What is it?

Property

Land

What is the address of the property or land?

Postcode

What is the property or land currently used for?

What was the original purpose for buying it?

Who does this property or land belong to?

Is the property or land up for sale? No

Yes

Have you or your partner sold any property other than where you lived during the last 6 months?

No

Yes **Please send us proof of the sale of this property or land.**

Part 17: About other money coming in

We need to know if you or your partner have any other money coming in.

For example, you must tell us about:

- fostering fees or allowances
- prison discharge grant
- any training allowance
- Guardian's Allowance
- Child Benefit
- Child Tax Credit
- Working Tax Credit
- War Pension
- War Widow's, or Widower's, Pension
- payments from the Pension Protection Fund
- Financial Assistance Scheme payments
- sick pay from an employer
- benefits, allowances and pensions not from social security
- student grants or loans
- money from a mortgage protection policy
- money from a charity or benevolent fund
- any other money coming in.

Do you, your partner or anyone else you are claiming ESA for, have any other money coming in?

No

Yes Please tell us about this below.

Money 1

Who gets this money?

Where does the money come from?

How much money do they get, and how often?

£ every weeks / months

What day is it paid?

Money 2

£ every weeks / months

If you need to tell us more about any other money coming in, please tell us in **Part 23 Other information**.

You must send us proof of any other money coming in, for example:

- a statement from the person or company that pays the money
- a court order
- payslips, or
- a full bank statement showing the amount and how often it is paid.

You do not need to provide proof of Child Benefit, Tax Credits or a student loan or grant. We may ask you about student loans and grants at a later date.

Part 17: About other money coming in continued

Does anyone owe any money to you, your partner or anyone else you are claiming ESA for?

This might be for things like

- arrears of maintenance, or
- money lent to someone.

No

Yes Please tell us about this below.

If you need to tell us about more payments, please tell us about them in **Part 23 Other information**.

Money 1

Who is owed this money?

How much money are they owed?

What is this money for?

When do you expect the money to be paid?

Money 2

Do you, your partner or anyone else you are claiming ESA for, get maintenance payments?

Tell us about maintenance paid:

- voluntarily
- because of a written agreement
- because of a court order, or
- because of a child maintenance assessment.

No

Yes Please tell us about this below.

If you need to tell us about more payments, please tell us about them in **Part 23 Other information**.

Money 1

Who gets this money?

Who is this money for?

Who is paying you this money?

How much money do you get, and how often?

What day is it paid?

Money 2

Part 17: About other money coming in continued

Do you or your partner get any payments from a credit insurance policy?

No
Yes Please tell us about this below.

A credit insurance policy covers credit or loan repayments if you are unemployed or sick

What items, if any, were bought using the credit that you had?

Which of these items are covered by the insurance policy?

Who does the insurance company make the payments to?

- Direct to the supplier.
- To you or your partner.
- To the credit company.

How much is paid, and how often?

 every weeks / months

When did the payments start?

 /

When will the payments end?

 /

You must send us details of what the insurance company has paid you.

If you need to tell us more about any other money coming in, please tell us in **Part 23 Other information.**

Part 17: About other money coming in continued

Do you or your partner hold any bank accounts, investments or property, in this country or abroad, which belong to someone else?

No

Yes Are these bank accounts, investments or property in your or your partner's name?

You

Your partner

Please tell us about them in **Part 23 Other information.**

Does anyone pay you, your partner, or anyone else you are claiming ESA for, to rent rooms or property?

For example, boarders, lodgers, tenants and subtenants.

No

Yes Please tell us about this below.

If you need to tell us about more payments, please tell us about them in **Part 23 Other information.**

Rent 1

Rent 2

Who pays the rent?

Who do they pay?

How much do they pay, and how often?

£ every weeks / months / year

£ every weeks / months / year

What day is it paid?

Tick here if the money they pay includes any money for heating or meals.

Heating

Meals

Heating

Meals

Part 18: About other people who live with you

We need to know about any other people who live in the same household as you.

We need this information to make sure we work out your housing costs correctly.

Please tell us about:

- relatives, if they live in your household
- friends
- anyone else who lives in your household.

Do not tell us about:

- members of your immediate family, if you live with them in **their** household
- people who just share a hall or bathroom or toilet with you, or who live in a separate flat or bedsit in the same house
- other residents, if you live in a care home
- foster children, or children or qualifying young persons boarded out with you while they wait to be adopted.

Do any other people live in your household who you have not already told us about?

If you need to tell us about more than 4 people, please tell us in **Part 23 Other information**.

No Go to **Part 19 Owning your home**.

Yes Please tell us about these people below.

Full name

Title

Date of birth

Relationship to you

Do they work for 16 hours or more a week?

Person 1

Mr Mrs Miss Ms

Other title

No

Yes

Person 2

Mr Mrs Miss Ms

Other title

No

Yes

Full name

Title

Date of birth

Relationship to you

Do they work for 16 hours or more a week?

Person 3

Mr Mrs Miss Ms

Other title

No

Yes

Person 4

Mr Mrs Miss Ms

Other title

No

Yes

Part 18: About other people who live with you continued

We need to know if any of the people living with you have any money coming in.

You do not have to answer these questions. But if they do not have much money coming in, you may get more ESA.

Tell us about:

- earnings
 - benefits
 - any other money they have coming in.
- If they have earnings, tell us the amount before tax, National Insurance and any other money has been taken off.

Do not tell us about:

- The Macfarlane Trust
- The Eileen Trust
- The Skipton Fund
- The Fund
- MFET Ltd
- The Caxton Foundation.

Do they have any money coming in?

Where does the money come from?
This could be wages, a pension or benefits.

How much is coming in, and how often?

Does this person usually live with you?

If **No**, where do they usually live?

What date did you start sharing accommodation?

Why did you start to share accommodation?

How long do you expect this to continue?

Why do you think this is?

Has the person shared accommodation with you in the past?

Person 1

No

Yes

£ every weeks / months / year

No

Yes

 Postcode / /

No

Yes

Person 2

No

Yes

£ every weeks / months / year

No

Yes

 Postcode / /

No

Yes

Part 18: About other people who live with you continued

	Person 3	Person 4
Do they have any money coming in?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Where does the money come from? This could be wages, a pension or benefits.	<input type="text"/>	<input type="text"/>
How much is coming in, and how often?	£ <input type="text"/> every <input type="text"/> weeks / months / year	£ <input type="text"/> every <input type="text"/> weeks / months / year
Does this person usually live with you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If No , where do they usually live?	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
What date did you start sharing accommodation?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Why did you start to share accommodation?	<input type="text"/>	<input type="text"/>
How long do you expect this to continue?	<input type="text"/>	<input type="text"/>
Why do you think this is?	<input type="text"/>	<input type="text"/>
Has the person shared accommodation with you in the past?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are any of these people you have told us about: ● married to each other or living together as if they are married, or ● civil partners?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about them.	
We call these people 'partners'.	<input type="text"/> is the partner of	<input type="text"/> is the partner of

If you need to tell us about more than 4 people, please tell us in **Part 23 Other information**.

Part 19: Owning your home

Do you or your partner own your own home?

If the home is on a mortgage or loan, or if it is leasehold or freehold, tick **Yes**.

No Go to **Part 20 Living in a care home**.

Yes You may be eligible for a reduction in your Council Tax. Contact your local council or visit **www.gov.uk** for more information on how to apply. This will not affect the amount of Employment and Support Allowance you get.

Do you or your partner have a mortgage or loan on your home?

No

Yes

Do you or your partner have an insurance policy to pay the mortgage or home loan if you become unemployed or ill?

No

Yes Have you made a claim on the insurance policy?

No

Yes

Is any part of the place where you live rated as a business?

No

Yes

Is your or your partner's home leasehold?

By leasehold we mean a property you own for a fixed amount of time but not the land on which it stands.

No

Yes When the lease was first granted, was it for more than 21 years?

No

Yes

Do you or your partner pay ground rent?
By ground rent we mean a regular payment of rent paid to the freeholder.

No

Yes How much is paid, and how often?

£ every weeks / months / year

Please send us proof of your ground rent.
For example, your lease.

Part 20: Living in a care home

	You	Your partner
Do you or your partner live in a care home?	No <input type="checkbox"/> Go to Part 21 Your circumstances. Yes <input type="checkbox"/> When did you move to the address where you live now? <input type="text" value=" / /"/>	No <input type="checkbox"/> Go to Part 21 Your circumstances. Yes <input type="checkbox"/> When did you move to the address where you live now? <input type="text" value=" / /"/>
Do you and your partner's savings add up to £10,000 or more?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please send us proof of your savings with this form. For example, a recent bank statement or a savings book updated within the last month.	
Did you or your partner get help from the Health Authority, Health Trust, or the Local Authority Social Work Department (Scotland) to get a place in the home?	No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/>
Are you or your partner paying for this care out of your savings?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner living in a care home temporarily?	No <input type="checkbox"/> Yes <input type="checkbox"/> How long do you expect to stay? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How long do they expect to stay? <input type="text"/>
Are your friends or family paying for this care?	No <input type="checkbox"/> Yes <input type="checkbox"/>	

Part 20: Living in a care home continued

Did you or your partner ever own your home before you moved to where you live now?

No Go to **Part 21 Your circumstances.**
Yes

No Go to **Part 21 Your circumstances.**
Yes

Who owned the home?

You
 Your partner
 Both of you

Has it been sold?

No
Yes When was it sold?

How much was it sold for?

If it has not been sold, does anyone live there?

No
Yes We will write to you about this.

Part 21: Your circumstances

Have you separated from a person who used to be your partner in the last 6 months?

If you need to tell us about more than one person, please tell us about them in **Part 23**

Other information.

Surname

Other names

Address

Date of birth

National Insurance (NI) number, if you know it

When did you separate?

Is this separation temporary?

Has this person gone abroad?

You

No Go to **part 22 How we pay you.**

Yes Please tell us about this below.

Letters Numbers Letter

No

Yes Please tell us about this below.
For example, the reason for the separation and how long you expect it to last.

No

Yes Have they gone abroad permanently?

No

Yes

Your partner

No Go to **part 22 How we pay you.**

Yes Please tell us about this below.

Letters Numbers Letter

No

Yes Please tell us about this below.
For example, the reason for the separation and how long you expect it to last.

No

Yes Have they gone abroad permanently?

No

Yes

Part 21: Your circumstances continued

Will the person who used to be your partner keep paying anything towards the rent or mortgage, or any household bills?

No

Yes Please tell us about this below.

What is this payment for?

How much do you expect to get?

When will you get this payment?

How often will this be paid?

Payment 1

Payment 2

Payment 3

Payment 4

If you need to tell us about more payments, please tell us about them in **Part 23 Other information**.

If the person who used to be your partner is still paying towards your mortgage, who do they make payments to?

Direct to you

Direct to your lender

Has the person who used to be your partner stopped paying you money?

No

Yes Please tell us about the last payment you received.

What was this payment for?

How much did you get?

When was this paid?

Part 22: How we pay you

We normally pay your money into an account

Many banks and building societies will let you collect your money at the post office.

We will tell you when we will make the first payment and how much it will be for.

We will tell you if the amount we pay into the account is going to change.

Finding out how much we have paid into the account

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

If we pay you too much money

Sometimes we might pay you too much money. We call this an overpayment. An overpayment can result for a number of reasons for example, there was a change in your circumstances and we didn't know about it. The law says we can take back any money we shouldn't have paid you.

We will contact you before we take back any money.

What to do now

- Tell us about the account you want to use on the next page. By giving us your account details you
 - agree that we will pay you into an account, and
 - understand what we have told you above in the section **If we pay you too much money**.
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account or cannot open an account, please contact us on **0345 608 8545** and we will give you more information.

About the account you want to use

Please tell us your account details below.

It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

- You can use an account in your name, or a joint account.
- You can use someone else's account if
 - the terms and conditions of their account allow this, and
 - they agree to let you use their account, and
 - you are sure they will use your money in the way you tell them.
- You can use a credit union account. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an appointee or a legal representative acting on behalf of the claimant, the account should be in your name only.

Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

Full name of bank or building society

Sort code

Please tell us all 6 numbers, for example: 12-34-56.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

Part 23: Other information

Please use this space to tell us anything else you think we might need to know.

If there is not enough space, please use a separate sheet of paper. Make sure that you:

- tell us who the information is about, **and**
- put your full name and National Insurance number on each sheet of paper, **and**
- sign and date each sheet that you use.

Don't tell us about your disability, illness or health condition here. We will send you a questionnaire about this later.



Part 24: Filling in this form for someone else

Are you filling in this form for someone else?

No Go to **Part 25 Declaration**.
Yes Tell us about yourself below.

Surname

Other names

Any other surnames you have been known by

Title

Mr Mrs Miss Ms Other title

Date of birth

 / /

National Insurance (NI) number

You can get this from payslips or from tax papers.

Letters Numbers Letter

Address

 Postcode

Mobile phone number

Daytime phone number, if different

work home mobile

Part 24: Filling in this form for someone else continued

Are you signing this form for someone else?

No Go to **Part 25 Declaration**.

Yes Even though you can fill in this form for another adult, they must still sign it themselves unless one or more of the following apply.

Tick one of the boxes below.

I am signing this form on their behalf because

I have Power of Attorney for them.

Please send us your power of attorney document or certified copy with this claim form. Remember to sign the **Declaration** at **Part 25**.

I am a receiver or deputy for them under a Court of Protection Order, or in Scotland a tutor, curator or guardian appointed in terms of the law.

Please send us the relevant document or certified copy with this claim form. Remember to sign the **Declaration** at **Part 25**.

The Department for Work and Pensions has already appointed me to get their benefits and to deal with letters about their benefits.

We will send all letters about this claim directly to you.

They cannot manage their own affairs because of a disability, illness or health condition.

We will get in touch with you about this. The Department for Work and Pensions may appoint you to get their benefits and to deal with letters about their benefits.

They can't sign for themselves because of their disability, illness or health condition.

We will get in touch with you about this.

If the person does not know you are signing this form for them, please tell us why.

Part 25: Declaration

Please read the Notes at the front of this form, and the text below.
Then sign and date the form at the bottom of this page.

- **I declare** that I have read and understand the notes at the front of this form, the information I have given on this form is correct and complete and I have included all my income and savings.
- **I understand** that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty. I will phone **0345 608 8545**, or write to the office that pays my benefit, to report any change in my circumstances.
- **If I give false** or incomplete information or fail to report changes in my circumstances promptly, I understand that my Employment and Support Allowance may be stopped or reduced and any overpayment may be recovered. In addition, I may be prosecuted or face a financial penalty.
- **I agree** that
 - the Department for Work and Pensions
 - any approved health care professional advising the Department
 - any organisation with which the Department has a contract for the provision of assessment servicesmay ask any of the people or organisations mentioned on this form for any information which is needed to deal with
 - this claim for benefit
 - any request for this claim to be looked at againand that the information may be given to that approved health care professional or organisation or to the Department.
- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
 - the benefit I am claiming
 - any other benefit I have claimed
 - any other benefit I may claim or be awarded in the future.
- **I agree** to my doctor, or any doctor treating me, being informed about the Secretary of State's determination on
 - limited capability for work
 - limited capability for work related activity, or
 - both.

This is my claim for Employment and Support Allowance.

Signature

Date

Please tick this box if someone filled in this form for you.

Part 26: What to do now

Check that you have answered all the questions on this form that apply to you and your partner, if you have one.

Check that you have signed and dated this form.

Check **that you have sent us all the documents we have asked for. Use the checklist below.**

Proof of identity

It is important that we can be sure of your identity when you claim ESA. We may need to ask you more questions about this. We may also need to see official documents that help prove your identity.

A National Insurance number is not proof of identity.

Even if you do not have all the documents and account details we ask for, **send this form back to us straight away**. Send us the documents and account details you do not have later.

You may lose benefit if you do not provide **original** documents within one month of the date that your claim form was sent to you.

You	Your partner		You	Your partner		You	Your partner	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Claim form	<input type="checkbox"/>	<input type="checkbox"/>	About money	<input type="checkbox"/>	<input type="checkbox"/>	About a disability, illness or health condition
<input type="checkbox"/>	<input type="checkbox"/>	This ESA claim form.	<input type="checkbox"/>	<input type="checkbox"/>	Proof of savings over £5,500 including any share certificates.	<input type="checkbox"/>	<input type="checkbox"/>	Statement of Fitness for Work.
<input type="checkbox"/>	<input type="checkbox"/>	About you and your partner	<input type="checkbox"/>	<input type="checkbox"/>	Proof of savings over £10,000, if you or your partner live in a care home.	<input type="checkbox"/>	<input type="checkbox"/>	Form SSP1 .
<input type="checkbox"/>	<input type="checkbox"/>	Any passport or immigration documents we have asked for.	<input type="checkbox"/>	<input type="checkbox"/>	Proof of any pension income you have told us about.	<input type="checkbox"/>	<input type="checkbox"/>	DS1500 Report .
<input type="checkbox"/>	<input type="checkbox"/>	Any proof we have asked for about an asylum application or asylum decision.	<input type="checkbox"/>	<input type="checkbox"/>	Proof of any payments from a credit insurance policy.	<input type="checkbox"/>	<input type="checkbox"/>	About work, education or training
<input type="checkbox"/>	<input type="checkbox"/>	Details of Home Office support.	<input type="checkbox"/>	<input type="checkbox"/>	Any proof we have asked for about any other money coming in.	<input type="checkbox"/>	<input type="checkbox"/>	The last 5 weekly payslips or last 2 monthly payslips, if you or your partner are still working.
<input type="checkbox"/>	<input type="checkbox"/>	UK visa or UK residence permit.	<input type="checkbox"/>	<input type="checkbox"/>	Proof of sale of property or land.	<input type="checkbox"/>	<input type="checkbox"/>	Form P45 .
<input type="checkbox"/>	<input type="checkbox"/>	NASS35.	<input type="checkbox"/>	<input type="checkbox"/>	Proof of service charges on property.	<input type="checkbox"/>	<input type="checkbox"/>	Discharge papers if you have just left HM Forces.

Part 27: Where to send your completed form and documents

Send this form and any documents we have asked for in the enclosed envelope.

Part 28: What happens next

- If we can pay you ESA we will write to tell you how your benefit has been worked out and how you will be paid.
- If we can't pay you ESA we will write to tell you why and what to do if you disagree with the decision.
- If we can pay you, we will start to pay you the basic rate of ESA into the account you have told us about.
- We'll write and tell you when the Work Capability questionnaire is being sent to you. This questionnaire will be about your disability, illness or health condition. Please look out for this in the post.
- We will not be able to deal with your claim and may have to send your claim form back to you if
 - you have not answered all the questions on this form that apply to you and your partner, if you have one, or
 - you have not provided all the documents we have asked for.

We will write to you and tell you about all the documents we still need to see to help us make a decision on your claim. This is important as your claim could close if you don't send them to us.

For our use

Declaration

The answers I have given to the questions on this form have been read back to me. I agree they are correct and complete as far as I know and believe.

Claimant's signature

Interviewing officer's signature

Date

Interviewing officer's name