

# THE VALE OF GLAMORGAN COUNCIL

## CYNGOR BRO MORGANNWG

CIVIC OFFICES, HOLTON ROAD, BARRY, CF63 4RU.  
SWYDDFEYDD DINESIG, HEOL HOLTON, Y BARRI, CF63 4RU.  
HB Overpayments Team Enquiries 01446 709241/5



### **Application regarding the rate of repayment in respect of outstanding overpayment(s) of housing benefit and associated debts.**

The Council has an overriding responsibility to reduce losses to Public Funds. In relation to overpayments of housing benefit the Council considers each case on its merits – taking into account the amount due, personal circumstances and financial circumstances into account. The aim is to agree a realistic arrangement to collect debts within a reasonable time, without the need for more serious recovery action.

These details on this form will be used to decide the level of repayment the Council thinks you should be able to afford.

#### ***Completing the form: Guidelines and Explanation***

**Please read these notes prior to completing this form.**

#### ***Step One: Your Household***

First, complete the details below to confirm information relating to your household.

#### ***Step Two: Income***

Secondly, work out how much money you have coming in to your household each week or month using the table at the bottom of this page. You will need to decide whether weekly or monthly suits you best and try to stick to it throughout.

#### ***Step Three: Expenditure***

Now, work out how much money you have going out each week or each month on household bills and for your basic living costs. The expenditure form overleaf will help you do this. You should use this opportunity not only to list all your expenditure, but to review your outgoings and utilise your available income to arrange payments at a reasonable and realistic rate that you can maintain.

#### ***Step Four: Making an offer of repayment***

You may wish to suggest a rate at which you will be able to repay this debt. We will consider your suggestion and let you know if we think it is acceptable.

We will write to you with details of your instalment arrangement, i.e. the amount, frequency and date you should start paying.

#### ***Step Five: Declaration***

You should read the declaration carefully before you sign it and date it.

<b><u>Step One: Your Household</u></b>		
Do you have a partner living with you	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How many other adults live with you		
How many children live with you		
What are their ages		

<b><u>Step Two: Your Income</u></b>	<b>Weekly</b>	<b>4 Weekly</b>	<b>Monthly</b>	<b>Office Use</b>
<b>Self-employed earnings</b>				
<b>Wages/Salary</b>				
<b>Partner's Wages/Salary</b>				
<b>Bereavement Allowance</b>				
<b>Carer's Allowance</b>				
<b>Annuity Income</b>				
<b>Guardians Allowance</b>				
<b>Charitable Payments</b>				
<b>Job Seekers Allowance</b>				
<b>Income Support</b>				
<b>Pension Credit</b>				
<b>Working Families Tax Credit</b>				
<b>Industrial Injuries Benefit</b>				
<b>Child Tax Credit</b>				
<b>Child Benefit</b>				
<b>State Retirement Pension</b>				
<b>Private Pension</b>				
<b>Incapacity Benefit</b>				
<b>Employment and Support Allowance</b>				
<b>Disability Living Allowance</b>				
<b>Attendance Allowance</b>				
<b>Maintenance</b>				
<b>Maternity Allowance</b>				
<b>Severe Disablement Allowance</b>				
<b>Student Grant / Loan</b>				
<b>Income from other adults</b>				
<b>War Disablement Pension</b>				
<b>War Widows Pension</b>				
<b>Other (please specify)</b>				
<b>Other (please specify)</b>				
<b>Other (please specify)</b>				
<b>Total Income</b>				

If you are Employed please confirm the following:-

Your Employer's Name		
Your Employer's Address		
Your Pay Number		
Your Job Title		
Is your employment permanent	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b><u>Step Three: Your Expenditure</u></b>	<b>Weekly</b>	<b>4 Weekly</b>	<b>Monthly</b>	<b>Office Use</b>
<b>Mortgage</b>				
<b>Second Mortgage</b>				
<b>Rent (less HB)</b>				
<b>Council Tax (less CTB)</b>				
<b>Water Rates/Sewerage</b>				
<b>Ground Rent</b>				
<b>Contents Insurance</b>				
<b>Buildings Insurance</b>				
<b>Life Insurance/Endowment</b>				
<b>Gas</b>				
<b>Electricity</b>				
<b>Other Fuel</b>				
<b>Housekeeping (food, toiletries etc.)</b>				
<b>TV Rental</b>				
<b>TV Licence</b>				
<b>Fines</b>				
<b>Maintenance Payments</b>				
<b>Travelling/Motor Expenses</b>				
<b>School Meals</b>				
<b>Clothing/Laundry</b>				
<b>Childminding</b>				
<b>Telephone</b>				
<b>Mobile Telephone</b>				
<b>Broadband Internet Access</b>				
<b>Cable/Satellite Television</b>				
<b>Other (please specify)</b>				
<b>Other (please specify)</b>				
<b>Other (please specify)</b>				
<b>Total Expenditure</b>				

**Step Four: Making an offer of repayment**

If you wish to make an arrangement to repay the outstanding overpayment(s) of housing benefit and associated debts by instalments please complete the following.

I accept that I owe the sum of £ \_\_\_\_\_ to the Vale of Glamorgan Council in respect of overpayment(s) of housing benefit and associated debts and would like you to consider my offer of repayment as detailed below:-

I wish to pay £ \_\_\_\_\_ every week / fortnight / month (please delete as appropriate).

First payment to be made on \_\_\_\_\_ (date).

Method of payment: (Please tick)

- Payment by Standing Order (a mandate will be posted to you to complete and forward to your bank)
- Payment at a Post Office <sup>TM</sup>, PayPoint or Payzone Outlets (a list is available on request)
- Payment at the Civic Offices, Barry by Cash or Cheque
- Payment by telephone with a Debit or Credit Card
- Other \_\_\_\_\_ (please specify)

A letter will be sent to you if your proposed arrangement is acceptable.

The overpayment(s) of housing benefit and associated debts remain payable on demand if no agreement is reached.

**Step Five: Declaration**

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

I understand that if I do not make repayment, I may be prosecuted for any outstanding balance or any other arrears that have accrued. I would also be obliged to pay the Council's costs of the action.

To the best of my knowledge all the information given is accurate and true. I authorise the HB Overpayments Team to verify this information should they wish to do so.

The Council may use any information I have provided in connection with the recovery of overpayment(s) of housing benefit and associated debts.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name): \_\_\_\_\_ Address: \_\_\_\_\_

Customer Reference: \_\_\_\_\_

Please return your completed form in the envelope provided.