



Sherborne Citizens' Advice Bureau

Welfare Benefits Enquiry Questionnaire

In order that we might check whether you are receiving your full and proper entitlement to benefits, please complete the form below, then print it and bring it with you when you attend for your appointment. Click on 'Select' to choose from options, scroll and then click selected option.

Title

Name

E-mail address

Phone Number

Postal Address

Post Code

Date of Birth

Partner's Date of Birth (if applicable)

Marital Status

Number of dependent children

Ages of Children

Amount of maintenance received (if any)

Does anyone apart from a partner or children live in your house?

If 'Yes' please give details, including their relationship to you:

Are you working?

If 'Yes', how many hours per week?

Take home pay

Is your partner working?

If 'Yes', how many hours per week?

Take home pay

Total pay in previous tax year before deductions Self

Partner

Other income (if any)

Partner's other income (if any)

Total savings or other capital

Annual amount of Council Tax

Do you own your home?

Do you have a mortgage?

If 'Yes', how much is it for?

When taken out?

Do you pay rent?

If 'Yes', how much is the rent?

Are you or your partner currently claiming any benefits or tax credits? *(If 'Yes', please list them below)*

Benefit or Tax Credit	Claimant	Amount	Frequency