

Employed Person's Allowance (EPA) Claim Form

Please tick one box – This is a new claim for EPA This is a continuation/reclaim for EPA

This form should be completed after reading leaflet EPA5
"A Guide to Employed Person's Allowance"

If you're not sure about any of the questions below or you want more information about EPA, please call the EPA Team on 685679, 685458 or 686294. Please complete this form carefully, in ink and use CAPITAL LETTERS.

Please answer every question. Don't cross through any questions as this may delay your claim. There is space in Part 16 of this form for you to give extra information you think we might need.

Don't delay sending this form back to us because you don't have documentary evidence of your rent, child care charges, wages, etc. You should mark your form that these details will follow later.

Once we receive this form with all the required information we aim to process it within 5 working days.

If you delay sending in your claim form you may lose money.

Part 1 About you, your partner and your children

Do you have a partner who lives with you?

No **Yes** You must give details of both you and your partner on this form

A "partner" is:

- A person you're married to, or a person you live with as if you're married to them, or
- A person you're in a civil partnership with, or a person you live with as if you're civil partners

	You	Your partner
Title	Mr/Mrs/Miss/Ms	Mr/Mrs/Miss/Ms
Surname		
Other names		
Previous surnames		
Date of birth	DD MM YY	DD MM YY
National Insurance (NI) number	Letters Numbers Letter □□ □□ □□ □□ □	Letters Numbers Letter □□ □□ □□ □□ □
Home Address		
	Postcode	
Daytime telephone number		
Your email address (optional)		

For office use only

Wage slips Bank account statement Copy of lease/tenancy agreement

RQ Officers initials Notes



Isle of Man
Government
Reilhtys Eilias Vannin

The Treasury

Yn Tashtey

Form EPA1 November 2021

Are you or your partner off sick from work at present?

No

Yes

If 'Yes' who is off sick?

You

Your partner

Both

To qualify for EPA, you or your partner must be able to satisfy the Isle of Man residential condition.

A person will satisfy the Isle of Man residential condition if –

- they were born in the Isle of Man;
- they have been ordinarily resident in the Isle of Man for a continuous period of at least 5 years; or
- they have been ordinarily resident in the Isle of Man for a number of periods of less than 5 years which, when added together, amount to at least 10 years.

A person can satisfy the Isle of Man residential condition in other circumstances to the ones shown above. For example, if they are married to, or the civil partner of, a person who satisfies any of the above.

You

Your partner

Do you or your partner satisfy the Isle of Man residential condition?

No

Yes Please provide details below as to how you qualify

No

Yes Please provide details below as to how your partner qualifies

If you and/or your partner were born in the Isle of Man, please send us your birth certificates. If this is a reclaim you don't need to send us your birth certificates.

If you don't think you or your partner satisfies the Isle of Man residential condition, please contact us to discuss the matter.

You won't normally be entitled to EPA if you and your partner are subject to immigration control. However, if only one of you is subject to immigration control EPA may be payable.

Are you or your partner subject to immigration control?

No

Yes

No

Yes

Details of any child or young person under 20 who normally lives with you

Are you or your partner getting, or have just claimed, Child Benefit?

No Go to Part 2

Yes Please provide details below

Who is it paid to? You Your partner How much is paid? £ per week/4 weeks

Please give details of the children or young persons who you or your partner, are getting, or have claimed, child benefit for-

Surname	Other names	Date of birth	Relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	<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"/>

If any child or young person you have listed above is aged 16 years or over, are they still in full-time education?

No

Yes

Not applicable

If any child or young person you have mentioned is not living with you at present (apart from holidays), please tell us why not.

Part 2 Do you have an illness or disability?

Before you answer the next question make sure that you read the advice notes.

Do you have an illness or disability? **No** If **No** go to **Part 3** **Yes**

Does your illness or disability put you at a disadvantage in getting a job? **No** **Yes**

We have listed some benefits below. If you are getting or have been getting any of these benefits, you may be entitled to Employed Person's Allowance

Disability Living Allowance <input type="checkbox"/>	Attendance Allowance <input type="checkbox"/>
War Disablement Pension* <input type="checkbox"/>	Industrial Injuries Disablement Benefit* <input type="checkbox"/>

*which includes constant attendance allowance for you or a mobility supplement for you

Please tick any of these benefits that you are getting now, waiting to hear about, or have been getting for the last 26 weeks:

Incapacity Benefit - for 28 weeks or longer <input type="checkbox"/>	Severe Disablement Allowance <input type="checkbox"/>
Income Support or Income-based Jobseeker's Allowance <input type="checkbox"/>	

Have you attended a training course at any time in the last 8 weeks? **No** **Yes**

and

On any day in the 8 weeks before you began your training were you getting either of these benefits?

Incapacity Benefit - for 28 weeks or longer <input type="checkbox"/>	Severe Disablement Allowance <input type="checkbox"/>
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If you have ticked **Yes** to training **and** ticked one of the benefits, we will get in touch with you for more details.

Part 2 (a) Training Course(s)

About Training course(s)

Are you currently attending a training course? If so, please give full details of the course

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When did the training course start?

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How many hours per week is the training course?

--

Part 3 Benefits

Apart from Child Benefit are you, your partner or a child or young person living with you getting, or have you just made a claim for any other state benefits, pensions or allowances?

No Go to **Part 4** **Yes** Please complete below

Name of benefit	Who is it paid to	How much is paid each week?
<input style="width: 95%;" type="text"/>	You <input type="checkbox"/> Your partner <input type="checkbox"/>	£ <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	You <input type="checkbox"/> Your partner <input type="checkbox"/>	£ <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	You <input type="checkbox"/> Your partner <input type="checkbox"/>	£ <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	You <input type="checkbox"/> Your partner <input type="checkbox"/>	£ <input style="width: 95%;" type="text"/>

If you're self-employed please go to Part 6

We need to know about any job you or your partner do for an employer.

How many jobs in total do you and your partner have?

Who works 16 hours or more per week? **You** **Your partner** **Both of you**

Details of main job

	You (main job)	Your partner (main job)
Employer's name	<input type="text"/>	<input type="text"/>
Employer's address - If you know that your pay is dealt with at a separate pay office or head office, please tell us this address and phone number.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Postcode	Postcode
Employer's telephone number	<input type="text"/>	<input type="text"/>
Type of job	<input type="text"/>	<input type="text"/>
Date the job started	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY
Do you expect the job to last for 5 weeks or more?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Does your partner expect their job to last for 5 weeks or more?		No <input type="checkbox"/> Yes <input type="checkbox"/>
If No, on what date do you or your partner expect the job to end?	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY

You (main job)			Your partner (main job)		
Pay week or month ending			Pay week or month ending		
DD	MM	YY	DD	MM	YY
Pay before deductions			Pay before deductions		
£			£		
£			£		
£			£		
£			£		
£			£		
Hours worked			Hours worked		
<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"/>		

How often are you (and your partner) paid? **You** **Your partner**
(e.g. weekly, monthly)

If your work hours or the amount you get paid varies each week, or your work hours are not regular please tell us why

Do you (or your partner) have any other jobs? (including any unpaid work) **No** go to **Part 5**
Yes please give details of the second job on the next page and continue with **Part 5**

Please tell us about your second job. If you have a partner and they have a second job, tell us about it here. Please give as much information as you can.

Details of second job

	You	Your partner
Employer's name	<input type="text"/>	<input type="text"/>
Employer's address - If you know that your pay is dealt with at a separate pay office or head office, please tell us this address and phone number.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Postcode	Postcode
Employer's telephone number	<input type="text"/>	<input type="text"/>
Type of job	<input type="text"/>	<input type="text"/>
Date the job started	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>
Do you expect their job to last for 5 weeks or more?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Does your partner expect the job to last for 5 weeks or more?		No <input type="checkbox"/> Yes <input type="checkbox"/>
If No, on what date do you or your partner expect the job to end?	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>

You (second job)			Your partner (second job)		
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Pay week or month ending			Pay before deductions	Hours worked	Pay week or month ending			Pay before deductions	Hours worked
DD	MM	YY	£	<input type="text"/>	DD	MM	YY	£	<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"/>	<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"/>

How often are you (and your partner) paid? **You** **Your partner**

(e.g. weekly, monthly)

If your work hours or the amount you get paid varies each week, or your work hours are not regular please tell us why

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

If you or your partner have any other jobs please tell us about them in **Part 16** giving the same information as asked for above.

Evidence of earnings

Please provide your **most recent** wage slips as follows -

- Weekly paid 5 wage slips
- Fortnightly paid 3 wage slips
- 4 weekly paid 2 wage slips
- Monthly paid 2 wage slips
- New employment If you have started a new job and have not received any wage slips, please provide a letter from your employer confirming your start date, normal work hours per week and hourly rate of pay.

If you have lost or mislaid your wage slips, please obtain copies or a letter from your employer confirming the details. Don't wait for these before submitting your claim, put in your claim form stating that the details will follow. **If you delay putting in your claim, you may lose money.**

The questions in this part of the form apply to all the jobs you have told us about in **Part 4** (and **Part 16** if appropriate).

Did any of the payments shown on your payslips or your partner's payslips include any bonus, tips or commission?

You

Your partner

No Yes

No Yes

Please tell us the gross amount

£

£

What period does the payment cover?

Did any of the payments shown on your payslips or your partner's payslips include any money for more than one period? e.g. holiday pay.

No Yes

No Yes

What period does the payment cover?

Can bonus, tips or commission payments be earned in every pay period? For example if you're paid weekly can you earn a weekly bonus?

No Yes

No Yes

Do you or your partner get any bonus, commission or tips paid outside the period covered by your payslips? This might include a Christmas bonus or an annual bonus.

No Yes

No Yes

When will the bonus or commission be paid?

Do you or your partner get any tips?

No Yes

No Yes

What is the average amount received each week as tips?

£

£

Are tips paid separately to you or your partner's earnings?

No Yes

No Yes

Do you or your partner get accommodation with your work?

No Yes

No Yes

How much do you or your partner pay for accommodation?

£ per

£ per

Does an employer make payments to anyone on your (or your partner's) behalf which are not shown in the payslips/letter you have provided?

No Yes

No Yes

If **Yes**, how much are these payments?

£

£

Do you or your partner receive goods or services instead of earnings?

No Yes

No Yes

If **Yes**, please give details of goods or services you have received

Are you (or your partner) self-employed?

No Yes

If **Yes**, which of you is self-employed?

You Your partner Both of you

How many hours on average, do you work per week?

You Your partner

When did you commence self-employment?

You Your partner

Please provide your or your partner's latest business accounts, or if you or your partner are newly self-employed, your or your partner's anticipated hours and earnings for the next 12 weeks.

What type of self-employed work is it?

Where is the business operated from?

Have you or your partner registered for self-employment with Income Tax?

You No Yes Your partner No Yes

Please can you give us an indication of what your anticipated weekly earnings will be for the next 12 weeks

Week ending	Details of self-employed work carried out	Number of hours completed	Net income
			£
			£
			£
			£
			£
			£

Please provide any receipts/invoices you or your partner have created, for work done, for the above period such as Profit and Loss Accounts or C11's.

Are you or your partner a director of a limited company?

No Yes

If **Yes**, which of you is a director?

You Your partner Both of you

Please list the names of the companies of which you are a director below.

Have you received any Director's fees, shareholdings or dividends in the last 12 months

No Yes Please give details below

a) Are you, your partner or any of children getting maintenance? No Yes

If **Yes**, is this paid under a court order or a voluntary payment?

How much is received? £ (per week/4 weeks/month)

If the maintenance is not paid regularly, please give details of all payments received in the last 13 weeks

£ <input style="width: 150px;" type="text"/>	DD	MM	YY
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£ <input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
--	---	---	---

£ <input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
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£ <input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
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ALSO PLEASE COMPLETE PART B

b) Is money paid to someone else instead of maintenance to yourself, your partner or any of your children (for example, for rent, mortgage, bank loan, H.P. payments etc.)? No Yes

If **Yes**, please give details of the amount paid and what it is for.

Do you or your partner receive money from any other source or does anyone make payments to anyone else on your behalf that you have not already told us about? Do not include money from savings (e.g. interest or dividends)

No Yes

If **Yes**, please tell us:

The amount £ Who pays it

Who it is paid to The period of the payment

Does anybody else live in your household who you've not already told us about on this form?

Answer **No** to this question if you're living in a guest house or other lodgings. No Yes

Please tell us about these people. We may need to send you a form to complete for more information.

Surname	Other names	Date of birth	Relationship to you
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	DD MM YY <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>

If this is a **reclaim** and neither your housing costs or provider have changed you don't need to provide any documentary evidence – please go to **Part 12**

Do you or your partner own the property that you live in?

No

Yes

If you or your partner have a mortgage or home loan please ask your bank or building society to complete **Part 24** of this form or send proof of how much you pay, verified by your mortgage provider. If this is a new claim or your mortgage has changed since your last claim. You must also complete the rest of this part.

Do you or your partner have to pay any money for where you live?

No

Go to **Part 12**

Yes

Please tell us about this below and send us proof of the amount that you pay.

	Rent	Mortgage interest	Board and lodging charge	Service charges	Rates
How much do you pay?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often do you pay this? (e.g. weekly, monthly)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please tell us the name and address of the person you pay the money to

Is the person you pay the money to related to you or your partner?

No

Yes

If **Yes**, what is the relationship?

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

No

Yes

If **Yes**, please tell us their names and the amount they pay.

Does the money you pay include any of the things shown below?

No go to **Part 12**

Yes

If **Yes**, please tick the relevant boxes to show which things are included.

Lighting Heating Hot water Use of kitchen Use of gas or electricity for cooking
Lunch Dinner Breakfast Furnishing Part furnishings

Do you, your partner or children have any bank, building society or Post Office accounts?

No Yes Please give details below

For new claims please send us bank statements/printouts for the last month up to the date of your claim.

For reclaims please ensure that all household accounts are declared. You don't need to send us your bank statements for reclaims.

Name of the bank and the last 4 digits of the account number	Balance	Whose name is the account in?
<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"/>	£ <input type="text"/>	<input type="text"/>

Do you, your partner or any of your children have any other savings or investments? For example, shares, premium bonds, debentures, money on loan to another person or a trust fund.

No Yes Please give details below

Please send us proof of these investments.

Who is the investment with?	How much is invested?	Whose name is the investment in?
<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"/>

Do you, your partner or any of your children own or have a life interest in any property or land apart from where you live?

No Yes Please tell us the address of the property or land below, and the name of the owner.

We may need to send you a form to get more information.

Do you, your partner or any of your children own or have a life interest in any trust fund?

No Yes Please tell us below who has the life interest, and the name of the fund.

Do you (or your partner) pay towards a private pension that is not shown on the wage slips you have enclosed? (Do not tell us about life insurance policies and endowment policies).

No Yes How much do you pay? £ every

Please send us a copy of the most recent pension document which shows how much you or your partner pay.

Do you want to claim for help with child care charges?

No Go to **Part 16** Yes

Please tell us about payments that you make to a child care provider or nursery to look after any of your child(ren) who are under 13 years of age. The charges must be payable to a registered child care provider or other organisation recognised by this Department and your child(ren) must be receiving the child care when we receive your claim for EPA or have received childcare on a regular basis before this date.

If you use more than two child care providers or nurseries or if you have more children receiving child care you will also need to complete a form EPA4 which you can download from www.gov.im/socialsecurity, request one by telephone on 685679 or 685458 or collect one from a Social Security office.

Help with child care charges - About the person or organisation looking after the child/children

Child care provider 1

Child care provider's name

Daytime telephone number

Address where children are cared for

Postcode

Is the child care provider related to the child(ren) you are claiming child care charges for?

No Yes

Are you responsible for paying the full amount of child care charges?

No Yes

Help with child care charges – Child/children details and breakdown of current weekly charges

Name of child	Child's age	Number of hours cared for each week	Hourly charge*	Weekly charge*
<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"/>	£ <input type="text"/>

*amount before any pre-school credits are deducted

If this is a new claim for child care charges or the charges you pay have changed, please tick this box

Help with child care charges - Date charges started/stopped

If this is a new claim or a one-off claim for a specific period please tell us:

The date the charges started/will start

DD	MM	YY
----	----	----

Do you expect the child care charges mentioned to stop in the next 12 weeks?

No Yes

The date the charges will stop (if applicable)

DD	MM	YY
----	----	----

Help with child care charges – Child care provider or nursery manager's declaration

What is your DHSC Registration and Inspection Unit, ROCA registration number?

- I **certify** that the information about child care charges given on this form is correct and complete.

Name

Signature

Date

DD	MM	YY
----	----	----

If you are entitled to EPA you can either collect your allowance weekly at a Post Office of your choice by using a MiCard (you will need to enrol for a MiCard if you haven't already got one) or you can have it paid by direct credit into your bank or building society account every two weeks (if you're already receive a benefit/allowance by direct credit your EPA will be paid into the same account). Please complete **a)** if you would like to be paid by direct credit or **b)** if you would like to collect your EPA at a Post Office.

If this is a reclaim your payments will continue as previously advised unless you request otherwise.

a) Name and address of bank or building society

Postcode	

Sort code number

							Type of account (deposit, current etc.)	
--	--	--	--	--	--	--	--	--

Account number

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

Name account is held in

--

b) Which Post Office would you like to collect your allowance from?

--

I already have a MiCard

I need to enrol for a MiCard

It may help us to deal with your claim more quickly if we can ask certain people or organisations to give us information which they have about you which is needed to deal with your claim for EPA. Do you agree that we can contact the following and that they can give us that information as permitted by law?

Your current employer?

No

Yes

Your landlord or mortgage lender?

No

Yes

The Treasury – Income Tax Division?

No

Yes

Your signature

--

Date

DD	MM	YY
----	----	----

Please continue below and then complete **Part 21 – Your declarations**

When we collect information about you we may use it for any of our purposes, including dealing with benefits and allowances, employment and training and 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.im/treasuryprivacynotice

On occasion, Social Security may wish to contact you to find out more about the service you have received in order to make improvements. To do so, we will use the data we hold about you to make contact.

Participation is voluntary and you can refuse to be involved at any time.

If you are happy for us to contact you please tick the box below.

I understand and agree that Social Security may use the information they hold about me to contact me for feedback on their services.

I understand and agree that any feedback I provide will be anonymised and will in no way affect my claim to benefit.

Please tick this box to confirm you understand and agree

If you have a partner, both of you must read, sign and date this form.

You

I understand that the information I have provided may be checked with other sources.

I understand that I may be prosecuted if I give information that is incorrect or incomplete.

I declare that the information I have given on this form is correct and complete and that neither I nor my dependants have any earnings, income, savings or property except as stated on this form.

This is my claim for Employed Person's Allowance.

Signature

Date

DD	MM	YY
----	----	----

Your partner

I understand that the information I have provided may be checked with other sources.

I understand that I may be prosecuted if I give information that is incorrect or incomplete.

I declare that the information I have given on this form is correct and complete and that neither I nor my dependants have any earnings, income, savings or property except as stated on this form.

This is my claim for Employed Person's Allowance.

Signature

Date

DD	MM	YY
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If you have a partner, both of you must also read, sign and date the following Declaration in Part 22.

Please read this carefully and sign at the bottom to confirm you understand.

Your award of Employed Person's Allowance (EPA) is worked out using the information you have given to us.

Your award will run for a set period and will not change unless there is a specific change in your circumstances which affects your award of EPA during that period.

Telling us about changes in circumstances that affect your award of Employed Person's Allowance

If there is a change in your circumstances that affects your award of EPA, you must tell the EPA Team as soon as possible and before collecting any more benefits from the Post Office or further direct credit payments being made to you.

If you're not sure whether we need to know about a change in your circumstances tell us anyway. We can then decide if it has any impact on your EPA award.

If you are paid via MiCard - Before you collect your benefit at the Post Office using your MiCard you will be asked to confirm that your circumstances have not changed since you last reported them to The Treasury.

If you need to tell us about a change in your circumstances, please use the "Changes in Circumstances" form (BP9).

The types of changes in circumstances you must tell us about straight away

You **must** tell us if any of the following changes apply to you or your partner (if you have one) during your award of EPA:

- You get married or enter into a civil partnership or you start to live with someone as if you were married to them or they were your civil partner
- You separate from your husband, wife or civil partner or someone you live with as if you were married to them or they were your civil partner
- Someone mentioned in your claim leaves your household or someone you have not told us about comes to live in your household
- Any young person you claim for who is over age 16 leaves full-time education
- You stop receiving child benefit for a child or young person you claim for
- You start to pay child care costs, or you stop paying child care costs, or there is a change in the amount of child care costs you pay for a child you claim for.

You can choose to surrender your award of EPA before your award ends following the birth or adoption of a child. You must advise us in writing if you wish to do this.

Changes in your circumstances you do not have to tell us about straight away

If there is a change in your circumstances you don't need to tell us about during your award of EPA (such as a change in your income, the hours you work, the capital you have or the housing costs you pay) you must tell us about that change when you next reclaim EPA.

If you don't tell us about changes in your circumstances affecting your award of EPA

If there is a relevant change in your circumstances affecting your award of EPA that you don't tell the EPA Team about, you may commit a criminal offence and action could be taken against you, including prosecution.

Also, if as a result of not telling us about a change in your circumstances affecting your award of EPA you have been paid benefit to which you're not entitled, you'll have to pay this back.

You must tell the EPA Team about any change in your circumstances affecting your award of EPA even if you have already told another social security benefit section or another part of The Treasury about it.

If your claim is successful we will remind you of these changes in the letter we send you confirming your award. You should keep a copy of this letter to refer to in the future.

If there is anything relating to your claim that you do not understand, please speak to a member of the EPA team for guidance.

Couples claiming EPA

If you're claiming EPA as a couple then each of you has an equal responsibility to tell us about any change in your circumstances affecting your award of EPA.

Your Declaration

I understand the types of changes that I need to tell the EPA Team about and that failure to do so could lead to an overpayment of benefit which I will be required to repay and which may result in action being taken against me, including prosecution.

	You	Your partner
Full name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>

Part 23

What to do next

Check that you have answered all the questions which apply to you and provided the following information – **it may delay your claim if you haven't.**

- Proof of residential qualification (Birth Certificate etc.) – **New claims only**
- Bank statements/printouts for the **last month** for **all** accounts held by you, your partner and children (including accounts which are infrequently used) – **New claims only**
- Wages slips for the past 2 months or 5 weeks
- Latest set of accounts for the self-employed
- Copy of lease/tenancy agreement – for new claims or if different from the previous claim
- Form EPA4 for child care charges (if applicable and not enough space on this form)

Send or take this form and any of the documents mentioned above to -

Address: **EPA Team, Social Security Division, Markwell House, Market Street, Douglas, IM1 2RZ**
or to the Ramsey office.

Telephone: **01624 685679** or **01624 685458** or **01624 686294**

Email: **EPA@gov.im**

Website: **www.gov.im/socialsecurity**

All calls to and from Social Security are recorded for quality purposes, to prevent crime or misuse, to ensure staff act in compliance with required procedures and standards and assist in the provision of training, monitoring and service improvement.

For office use only – use only when the form has been completed by a member of staff

I have read back to the customer the entries I made on this form based on the information given by them. The customer agreed that the entries were correct.

Interviewing officer's signature

Date

Customer's signature

Please ask your bank or building society to complete the section below. If you prefer, you can ask them to provide you with a letter which you can then send to us – but the letter must give all the information that we have asked for on this form.

If your bank or building society can't complete this form straight away, ask them for a letter which gives the same information that we have asked for on this form. Send this form back to us as soon as you can. Don't wait until you receive the letter from your bank or building society.

To be completed by your bank or building society

I can confirm that the person(s), named in Part 1 of this form have a loan(s) which were taken out either for the purpose of acquiring an interest in the property named in Part 1 of this form or which were wholly to pay off another loan which had been taken out for this purpose.

Please provide the name(s) that the mortgage is in

The address the mortgage is in respect of

The current amount of the loan outstanding is

£

The interest rate currently applied to the loan is

%

The current amount of the second loan outstanding is

£

The interest rate currently applied to the loan is

%

The current amount of the third loan outstanding is

£

The interest rate currently applied to the loan is

%

Signature

**on behalf of
(name of
lender)**

Date

DD	MM	YY
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**Company
stamp**