

# Social Security

## Income Support Claim Form

# A2

Please read this page carefully before completing this form

### How to claim

Complete this form and then send it to the Income Support Team as soon as you can. You can either post it to the address shown on the following page or take it to a Social Security office.

### When to claim

You must return this form to us within one month of the date of issue, as shown on the first page of the form. If you don't, you could lose money you might otherwise be entitled to.

### Completing this form

Please complete this form carefully, in ink and use CAPITAL LETTERS where you can. Make sure you answer every question. If you don't have enough space to tell us about everything, please use a separate sheet of paper, but make sure you sign and date it and attach it securely to this form.

You can get help to complete the form at a Social Security office. We can also arrange for someone to call at your home to help you. If you'd like somebody to visit your home please telephone 685053 to arrange an appointment.

You can complete this form and sign it on somebody else's behalf if you have been legally appointed to act for them.

If you have reached State Pension Age, **do not** complete this form. Instead, you should claim Income Support for Pensioners using Form E2. If you are not sure whether you have reached State Pension Age please contact a Social Security office.

If you do not tell us about something we ask about on this form you could be committing a criminal offence and legal action could be taken against you.

### What you will need to send with this form

We will need to see –

- Your birth certificate, if you or your partner were born in the Isle of Man.
- Proof of how much rent, mortgage interest, service charges or board and lodgings charges you pay.
- Proof of any bank accounts, building society accounts, investments and/or savings you and your partner have (include statements covering the last three months).
- Proof of any other income that you get (we do not need to see proof of other social security benefits or maintenance you get).

If you can, you should send these things with this form. But don't delay sending this form back to us because you do not have any of these things now – you can send them to us later. We will send everything back to you.

### Help and information

You can get more information about Income Support online at [www.gov.im/socialsecurity](http://www.gov.im/socialsecurity) or from a Social Security office. It may help you if you read the information online before you complete this form. If you have any questions about your claim please get in touch with us. Our address and telephone number are on the next page.



Isle of Man  
Government  
*Reillys Eilan Vannin*

The Treasury

*Yn Tashtey*

Form A2 June 2019

## What will happen next

We'll work out how much benefit you're entitled to using the information you give us on this form. If we need any more information to help us deal with your claim we'll get in touch with you.

If you're entitled to income support we'll send you a letter explaining how your benefit has been worked out and what changes you must tell us about. In accepting payment of income support you'll be acknowledging that you have received, read and understood the letter.

If, after you start getting benefit, any of this information changes, you must tell us in writing as soon as you can. If you don't tell us about a change, you could be committing a criminal offence for which you could be prosecuted.

## People who are subject to immigration control

### Immigration Control

A person is subject to immigration control if they are not a national of an EEA (European Economic Area) State and who –

- Requires leave to enter or remain in the Isle of Man. but does not have it; or
- Has leave to enter or remain in the Isle of Man which is subject to a condition that they do not have recourse to public funds; or
- Has leave to enter or remain in the Isle of Man as a result of a written undertaking given by another person to maintain and accommodate the person subject to immigration control; or
- Is allowed to enter or remain in the Isle of Man while their appeal against an immigration decision is pending.

A person who is subject to immigration control cannot normally qualify for income support.

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**Please detach this page and keep it for your information.**

The Treasury  
Social Security Division  
Income Support Team  
Markwell House, Market Street  
Douglas, Isle of Man IM1 2RZ

Telephone: 01624 685094  
E-mail: [incomesupport@gov.im](mailto:incomesupport@gov.im)  
Website: [www.gov.im/socialsecurity](http://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.

# Income Support Claim Form

# A2

June 2019

Date of issue




Issuing officer's initials

## Part 1

### About you and your partner

**Do you have a partner who normally lives with you?**

**No**

**Yes**

You must give details of both you and your partner on this form

We use the term partner to mean:

- A person you are married to or a person you live with as if you are married to them
- A civil partner or a person you live with as if you are civil partners

	You		Your partner												
<b>Title</b>	Mr/Mrs/Miss/Ms/Other		Mr/Mrs/Miss/Ms/Other												
<b>Surname</b>															
<b>Other names</b>															
<b>Previous surnames</b>															
<b>Date of birth</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>												
<b>Marital status</b>															
<b>National Insurance (NI) number</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: 8px;">Letters</td> <td style="text-align: center; font-size: 8px;">Numbers</td> <td style="text-align: center; font-size: 8px;">Letter</td> </tr> <tr> <td> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> </tr> </table>	Letters	Numbers	Letter	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: 8px;">Letters</td> <td style="text-align: center; font-size: 8px;">Numbers</td> <td style="text-align: center; font-size: 8px;">Letter</td> </tr> <tr> <td> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> </tr> </table>	Letters	Numbers	Letter	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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<b>Address – if you are temporarily in hospital, a residential or a nursing home, please give your home address.</b>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Postcode <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	Your partner's address if it is different to yours.	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Postcode <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>												
<b>Daytime telephone number</b>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>												
<b>Email address (optional)</b>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>												

**To qualify for Income Support, you or your partner must normally 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.

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

**No**

**Yes**  Please tell how you qualify

**No**

**Yes**  Please tell us how your partner qualifies

If you and/or your partner were born on the Isle of Man, please send us your birth certificate(s).

Is your, or your partner's presence in the Isle of Man subject to immigration control? (see inside of cover)

You		Your partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Please tick any boxes that apply to you or your partner.

I am		My partner is	
A lone parent with at least one child under the age of 12 in my family	<input type="checkbox"/>	On a Government training scheme	<input type="checkbox"/>
Sick or disabled You must submit a claim to Incapacity Benefit.	<input type="checkbox"/>	Sick or disabled You must submit a claim to Incapacity Benefit.	<input type="checkbox"/>
Caring for somebody who is sick or disabled	<input type="checkbox"/>	Caring for somebody who is sick or disabled	<input type="checkbox"/>
More than 29 weeks pregnant or had a baby not more than 15 weeks ago	<input type="checkbox"/>	More than 29 weeks pregnant or had a baby not more than 15 weeks ago	<input type="checkbox"/>
A student aged less than 21 years living away from parents	<input type="checkbox"/>	A student aged less than 21 years living away from parents	<input type="checkbox"/>

If none of these boxes apply to you, please get in touch with us for advice as you may not be able to claim Income Support (you can either visit a Social Security office or telephone us on 685094). If none of the boxes apply to you, but one does apply to your partner, the claim should be made in your partner's name. If both you and your partner are able to tick a box, you can decide which one of you makes the claim.

## Part 2 About your claim

If you are making this claim because of something that has recently happened (for example, because you have just separated from your partner) please tell us what that change was and when it happened.


Please tell us from what date you want to claim Income Support

DD	MM	YYYY
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Usually we can only pay you Income Support from the date you first got in touch with us. If you want to claim from an earlier date, please tell us why you did not make your claim before now by answering the following questions.

a) Were you waiting to hear from us about another benefit claim?

No  Please go to question b    Yes  Which benefit were you waiting to hear about?

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On what date were you told the decision about the claim for this benefit

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b) Were you too ill to get or submit the claim form earlier?

No  Please go to question c    Yes  Please tell us why you did not ask somebody else to get or submit the claim form for you.


**c) Did you make any enquiries about claiming Income Support before you made your claim?**

**No**  Please go to question **d**      **Yes**  Please tell us more about this

Who did you ask about claiming?

When did you ask about claiming?

Please tell us below what advice you were given


**d) Are there any other reasons why you did not claim earlier?**

**No**  Please go to question **e**      **Yes**  Please tell us what those reasons were


**e) Have your circumstances changed since the date you want to claim from?** (By "your" circumstances we mean information that applies to you, your partner (if you have one) and any children you are claiming for)

**No**       **Yes**  Please tell us what has changed


**Part 3**

**About people who live with you**

**Do you have any dependent children who live with you?**

No

Yes  Please give details below

**Do you pay any child care charges to a registered childminder?**

No

Yes

In very limited circumstances we may be able to help with these costs. If so, we will ask for details.

Surname	Other names	Date of birth	Relationship to you
<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"/>

**If you do not get Child Benefit for all of these children, please tell us why not**

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

**Does anyone else live with you who you have not already told us about on this form?** (Answer **No** to this question if you are living in a hotel, guest house, lodgings or a care home.)

No

Yes  Please give details on the following page

Surname	Other names	Date of birth	Relationship to you	The name of any benefit they get
<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 or your partner own the property that you live in?**

No  Please go to the next question

Yes  If you or your partner have a mortgage or home loan please complete Part 18 of this form (you must also complete the section below).

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

If you or your partner are living in a care home, please tell us about the charge in Part 9

No

Yes  Please give details below and send us proof of the amount that you pay (and complete Part 18 if you pay mortgage interest).

	Rent	Mortgage Interest	Board and lodging charge	Service charge	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?	<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**

Name

Address   
  
 Postcode

**Is the person you pay the money to related to you or your partner in any way?**

No  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  Please give their names and the amount they pay towards the rent or mortgage

Name	Amount
<input type="text"/>	£ every <input type="text"/>
<input type="text"/>	£ every <input type="text"/>
<input type="text"/>	£ every <input type="text"/>

**Does the money you pay include any of the things listed below?**

No  Yes  Please tick the boxes to say which things are included

- |                                   |                                  |                                    |   |   |
|-----------------------------------|----------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Heating | <input type="checkbox"/> Hot water | <input type="checkbox"/> Use of kitchen   | <input type="checkbox"/> Cost of gas or electricity for cooking |
| <input type="checkbox"/> Lunch    | <input type="checkbox"/> Dinner  | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Full furnishings | <input type="checkbox"/> Part furnishings                       |

**Part 4A**

**About your property**

**If you answered No to the first question in Part 4 have you or your partner ever owned the property that you live in now?**

No

Yes  Please tell us why you no longer own it.

**Have you or your partner ever gifted, or sold for less than its true value, any property previously owned by you?**

No

Yes  Please give the following information

**The address of the property**

Postcode

**If gifted**, date of deed and name of the person or persons it was gifted to

**If sold**, date of sale, amount sold for and name of the person or persons it was sold to

**Part 5**

**Special circumstances**

**Are you or anyone you are claiming for pregnant?**

No

Yes

**Who is pregnant?**

**When is the baby due?**

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Please give proof of the date the baby is due

**Have you, your partner or any children you are claiming for spent any time in hospital in the last 52 weeks?**

No

Yes

Please give further details below

Who is in hospital?

Date of admission

Date of discharge

Ward number/name and hospital name

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--	--	--

--	--	--

**Do you or your partner have a life expectancy of less than 6 months?**

No

Yes



Have you or your partner been employed or self-employed in the last 6 months or are you working now?

No  Go to Part 7

Yes  Please give details below – if you or your partner are still working, please send proof of how many hours you work and how much you earn

	You (first job)
Employer's name	<input type="text"/>
Employer's address	<input type="text"/>
If you were self-employed state 'Self'	<input type="text"/>
	Postcode <input type="text"/>
Employer's email address and telephone number	<input type="text"/>
The number of hours normally worked each week	<input type="text"/>
Normal pay	£ <input type="text"/> per <input type="text"/>

	Your partner (first job)
Employer's name	<input type="text"/>
Employer's address	<input type="text"/>
If you were self-employed state 'Self'	<input type="text"/>
	Postcode <input type="text"/>
Employer's email address and telephone number	<input type="text"/>
The number of hours normally worked each week	<input type="text"/>
Normal pay	£ <input type="text"/> per <input type="text"/>

Have you stopped working in this job? No  Go to Part 7  
 Answer Yes even if you have just stopped work temporarily. Yes

What was the date you last worked?

What was the date of your last wage?

How much was your last wage? £

Do you expect to get any further wages? No  Yes

If Yes, how much will the payment be? £

When will it be paid?

Have you stopped working in this job? No  Go to Part 7  
 Answer Yes even if you have just stopped work temporarily. Yes

What was the date you last worked?

What was the date of your last wage?

How much was your last wage? £

Do you expect to get any further wages? No  Yes

If Yes, how much will the payment be? £

When will it be paid?

	You (second job)
Employer's name	<input type="text"/>
If you were self-employed state 'Self'	<input type="text"/>
	Postcode <input type="text"/>
Employer's email address and telephone number	<input type="text"/>
The number of hours normally worked each week	<input type="text"/>
Normal pay	£ <input type="text"/> per <input type="text"/>

Have you stopped working in this job? No  Go to Part 7  
 Answer Yes even if you have just stopped work temporarily. Yes

What was the date you last worked?

What was the date of your last wage?

How much was your last wage? £

Do you expect to get any further wages? No  Yes

If Yes, how much will the payment be? £

When will it be paid?

	Your partner (second job)
Employer's name	<input type="text"/>
If you were self-employed state 'Self'	<input type="text"/>
	Postcode <input type="text"/>
Employer's email address and telephone number	<input type="text"/>
The number of hours normally worked each week	<input type="text"/>
Normal pay	£ <input type="text"/> per <input type="text"/>

Have you stopped working in this job? No  Go to Part 7  
 Answer Yes even if you have just stopped work temporarily. Yes

What was the date you last worked?

What was the date of your last wage?

How much was your last wage? £

Do you expect to get any further wages? No  Yes

If Yes, how much will the payment be? £

When will it be paid?

**Do you, your partner or any of your children get or have claimed any of the following Social Security benefits or allowances?**

Please tell us if you have claimed any benefit or allowance even if you do not get any payments.

No  Yes

If **Yes**, please give details below

Incapacity Benefit

No  Yes

Who is it paid to?

Child Benefit

No  Yes

Employed Person's Allowance

No  Yes

Disability Living Allowance

No  Yes

Carer's Allowance

No  Yes

Maternity Allowance

No  Yes

Any other benefit/allowance? -



**Do you, your partner or any of your children get maintenance?**

No  Yes

If **Yes**, please give details below

The name of the person who pays the money

  


How much is paid?

£	every
£	every

Who is it paid to?

  


**Does anyone pay any money to someone else on your behalf, or on behalf of your partner or children?**

No  Yes

If **Yes**, please give details below

The name of the person who pays the money

How much is paid?

£	every
---	-------

Who is it paid to?

**Do you, your partner or any of your children have any other money coming in?**

No  Yes

If **Yes**, please give details below

The name of the person who pays the money

  
  


How much is paid?

£	every
£	every
£	every

Who is it paid to?

**Do you, your partner or any of your children have any bank, building society or post office/National Savings & Investments accounts?**

No  Yes  If Yes, please give details below

Who is the account with?	What is the balance?	Whose name is the account in?
	£	
	£	
	£	

**Please enclose details of these accounts covering the last three months**

**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  If Yes, please give details below

Who is the investment with?	How much is invested?	Whose name is the investment in?
	£	
	£	
	£	

**Please send us proof of these investments**

**Do any of your savings or those of your partner or children come from any of the following sources?**

No  Yes  Please indicate which source by ticking the box below

The MacFarlane Trusts	<input type="checkbox"/>	The Eileen Trust	<input type="checkbox"/>
The Independent Living Funds	<input type="checkbox"/>	The trust for sufferers of vCJD	<input type="checkbox"/>
An Ex-Gratia payment to former prisoners-of-war held by the Japanese			<input type="checkbox"/>
A compensation payment for the victims of suffering in the Second World War			<input type="checkbox"/>

**If you have ticked any of the boxes we will get in touch with you for more information**

**Do you, your partner or any of your children own any property or land? (not including the place where you live)**

No  Yes  If Yes, please give details in Part 10

**What is the address?**

Postcode

**Have you or your partner ever gifted any monies, or any other assets?**

No  Yes  If Yes, please give details in Part 10



If you are entitled to Income Support you can either collect your benefit weekly at a Post Office of your choice (for this option 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 2 weeks (if you already receive a benefit/allowance by direct credit it 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 Income Support at a Post Office.

a) Name and address of bank or building society

Postcode	

Sort Code number

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

Type of account  
(deposit, current etc.)

--

Account number

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

Name(s) account is held in

--

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

--

I already have a MiCard

I need to enrol for a MiCard

If you are not signing this form on behalf of somebody else, please go to Part 13

Even though you can complete this form for somebody else, they must still sign it themselves unless -

- they cannot manage their own affairs
- they cannot sign for themselves

You can only sign this form if one or more of the following boxes apply. Tick all the boxes that apply to you.

I have a power of attorney for them which has been registered with the Courts

Please send a copy of the deed which shows the date of the Court decision and the seal of the Court.

I am a receiver for them under a court order

Please send a copy of the court order which appointed you as receiver with this form

The Social Security Division of the Treasury has already appointed me to get their benefits and deal with their Social Security matters

I wish to be appointed by the Social Security Division of the Treasury to receive their benefits and deal with their Social Security matters because they cannot manage their own affairs or cannot sign for themselves

We will get in touch with you about this.

Please tell us about yourself here -

Your full name

--

Your National Insurance (NI) number

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

Your date of birth

--	--	--

Your address

Postcode

Daytime telephone number

--

Email address (optional)

--

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 Income Support. Do you agree that we can contact the following and that they can give us that information as permitted by law?

Your last employer

No Yes 

Your current employer

No Yes 

Your landlord or mortgage lender

No Yes 

Your school/college

No Yes 

If you have received benefit in the United Kingdom -

The Department for Work and Pensions

No Yes 

Your signature

Date




Please continue below and then complete Part 16 'Your declaration'

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](http://www.gov.im/treasuryprivacynotice)

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.

Any feedback you give will be anonymised and will not affect your claim to benefit in any way.

Please tick the box below if you agree with the following statement: I understand and agree that Social Security may use the information they hold about me to contact me for feedback on their services.

**I declare that I have read and understood the notes on the tear-off page at the front of this form.**

**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.**

**I understand that the information I have given on this form may be checked with other sources.**

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

**I understand that should my entitlement to a free or a reduced cost service offered by another Department of the Isle of Man Government be dependent on my being entitled to Income Support, if requested by such other department, the Social Security Division of the Treasury may give information to that other Department to confirm my entitlement to Income Support.**

**This is my claim for Income Support.**

Your signature

Date




Please continue overleaf and if you have a mortgage please also complete Part 18 on the back page.

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

Your award of Income Support will be worked out using the information you have given to us.

If any of this information changes, you **must** tell the Income Support Team as soon as possible and before collecting any more benefit payments from the Post Office or further BACS payments being made to you.

If you are not sure whether we need to know about a change in your circumstances tell us anyway. We can then decide if any change to your benefit is necessary.

**If you are paid via MiCard** – Before you collect your benefits at the Post Office using your MiCard you will be asked to confirm that the 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 straightaway**

These are some of the types of changes you **must** tell us about if they apply to **you or your partner**, (if you have one):

- You have done any work (even if it is only part-time or unpaid work)
- You get married or you form a civil partnership, or you start to live with someone as if you are married to them or are civil partners
- You give birth to or adopt a child
- You change address
- There is a change in the rent, mortgage interest or rates you pay
- You transfer ownership of any property you have
- You start or cease a course of full time education (if the course lasts for more than one year we need to know the details of each year)
- You start to pay or stop paying child care charges for children who are cared for while you undertake a course of education
- You get a new income or there is a change in any income you already have (including any social security benefits)
- You inherit any money, property or land (you must tell us about this as soon as the person dies, even if you have not received the inheritance yet)
- There is a change in the amount of your savings (including those of any child you claim for)
- You go into hospital
- You go to prison or legal detention
- You leave the Island for more than 14 days (even if on holiday)
- A young person you claim for leaves school
- Anyone who lives with you dies
- Someone living in your house leaves or someone moves into your house
- There is a change in the income of an independent person living in your house – (for example, if a grown up son or daughter starts work)

**If you don't tell us about a change in your circumstances affecting your award of Income Support**

If there is a change in circumstances that you don't tell the Income Support Team about, you may commit a criminal offence and action could be taken against you including prosecution.

Also, if as a result of you not telling us about a change in your circumstances you are paid benefit to which you are not entitled, you will have to pay this money back.

You are required to tell the Income Support Team about any changes, even if you have already told another social security benefit team 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 future.

If there is anything relating to your claim that you do not understand, please ask to speak to a member of the Income Support Team for guidance.

**Declaration**

I understand the types of changes that I need to tell the Income Support 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.

Your full name

Your signature

Date

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

I 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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Customer's signature



Are your payments covered by an insurance policy?

No

Yes

Please ask your bank or building society to complete the section below. If you prefer, you can ask them to give 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 you wish to claim for help towards interest repayments on a home improvement loan, please tick this box. We will get in touch with you about this.

If your bank or building society cannot complete this form straightaway, 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. Do not 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 which was taken out either for the purpose of acquiring an interest in the property named in Part 1 of this form or which was wholly to pay off another loan which had been taken out for this purpose.

The current amount of the loan outstanding is

£

The interest rate currently applied to the loan is

%

Signature

on behalf of

Date

Company stamp



Isle of Man  
Government  
*Reillys Eilan Vannin*

The Treasury

*Yn Tashtey*

Form A2 June 2019