

Nil income declaration

To be completed when housing benefit/council tax reduction is based on the customer receiving no income.

Claim number:		
Name:		
Address:		
	Postcode:	
Telephone:	Mobile:	
your housing benefit/council tax reductions the internet and would prefer to be con-	ent will need to contact you from time to on. If you have an email account, regular tacted by email, please tick this box aress. Please take care to ensure this is written	r access to and use the
Email address:		
This means I am not receiving any be My last job finished on I am currently awaiting the outcome I have claimed I made the claim on		(enter date)
I am currently meeting my day-to-day	ntil	box below)
I understand that if any benefits are operiod assessed on nil income may be any overpayment that may occur follows:	be reassessed and that I may be liab	
I will notify this office as soon as my in	come changes.	
Signed:	Date:	
Once you have completed this form,	please email it to benefits@norwich.c	



If you would like this information in another language or format such as large print, CD or Braille, please call 0344 980 3333.