Rights of Residence Form

The following questions are to help us decide whether you qualify for benefits because of a 'right to reside' in the UK as a European national.

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Name				
Address				
Claim reference				
Nationality				
Do you have a Permanent Residence Card, obtained following 5 years legal				
residence? If yes we need to see this document				

Your Family

Have you come to the UK as a family member of someone who is a worker or self employed? If so, give their details below

Name	
Address	
Relationship to you	

Your Spouse/Partner

If you are now or have been the spouse, civil partner or unmarried partner of an EEA national who is or has been present in the UK, then you might have a right to reside as a family member. (*including a UK national if they had first established themselves elsewhere in the EU) This may be the case even after the relationship has broken down.

Spouse/Partner Na	me		
Current Address			
Relationship to you		Spouse /civil partner /	
(please delete)		unmarried partner	
Partner's		Partner's	
date of birth		Nationality	
Date and place of r	narriage/civil		
partnership	_		
Date		If divorced,	
relationship		divorce date	
ended			
Date and place you	and your		
partner began living	g together		
Spouse/partner's c	urrent		
employment or self	-employment		
details -employer's	name, place of		
work or self employ	ment details		

We need to see proof of your Spouse/Partner's employment or self employment



Children

Do you have any children in education between the age of 4 and 18 years? If yes please enter details below

please enter c			
	Child 1	Child 2	Child 3
Name			
Nationality			
Date of Birth			
Name of school			
Date they entered the UK			
Date started school			

If more than three children please use an additional sheet

Please provide proof of your child's enrolment and attendance at school

Work history in the UK

Please tell us what you have been doing since you first entered the UK.

Employment

Please give details below of all periods where you have been working in the UK. If

necessary, please continue on a separate sheet of paper.

	Employer 1	Employer 2	Employer 3
Start date			
End date			
Employer Name			
Employer Address			
Average hours worked weekly			
Average weekly take home pay			
Type of work			
Reason for leaving this employment			

Please send us proof of your work history for example, consecutive payslips, P45's or a letter(s) from employer(s).



Self Employment

If you have been self-employed for any periods since you entered the UK, please provide the details below. If necessary, please continue on a separate sheet of paper.

You will be required to provide invoices for sales, purchases and receipts for expenses, so you must ensure you keep accurate records and documentation.

We will check the information you provide to confirm your self employment is genuine before any benefit is awarded.

gendine before any benefit is awarded.				
	Period 1	Period 2	Period 3	
Start Date				
End Date				
Average number of hours worked weekly				
Average weekly income				
Type of work				
Unique tax reference number				
Reasons for leaving self employment				

Please provide your accounts for each period of self employment

Periods not employed or self-employed

If you have had any period where you were not working or self-employed, please give details below. Also include periods when you were not working and were instead studying, supporting yourself from other income, pregnant, were absent from the UK or unable to work due to illness or injury. If necessary, please continue on a separate sheet of paper.

Start Date	End Date	What were you doing?	How did you support yourself financially?	Were you registered with the job centre as unemployed and actively seeking work?	Did you have comprehensive medical insurance?

Please provide proof of your comprehensive medical insurance



Do you currently have any offer of work or an interview? If yes please give details and provide us with proof					
·					
What steps are you t			work and wh	at do yo	u think your
Were you under 21 wl Did you enter the UK w If yes, complete the tab employment for the par Name of parent,	vith a ple be rent, q	parent, grandp low and obtain	arent or guard all periods of		nent, self-
grandparent or guardia Date of birth and nationality	n				
Address when entered	UK				
Employment and Self	- em _l	oloyment histo	ory of parent,	grandp	arent or guardian
		Period 1	Period	2	Period 3
Start Date					
End Date					
Name of employer If self employed, Name of business and unique tax reference					
Weekly income Average hours					
worked each week Reasons for leaving work or self employment					



If you are over 21 and are dependant on another family member who is an EEA national living in the UK please complete the following:

	case complete the following.
Name of family member you are dependant on	
Their relationship to you	
Their current address	
Their date of birth and nationality	
Period during which you were dependent on them	
What was your reason for dependency on them?	
What income or support do they provide you with? Please provide proof	

Employment and Self- employment history of the person you are dependent on?

OII:			
	Period 1	Period 2	Period 3
Start Date			
End Date			
Name of employer Name of business and unique tax reference if self-employed			
Weekly income			
Average hours worked each week			
Reasons for leaving work or self employment			

We need to see proof of employed or self-employed income for this person



Are there any reasons of a compassionate or exceptional nature for you needing to claim benefits? If yes, please give details below.					
Do you have any special or compa	ssionate reasons for remaining in the UK?				
Declaration					
All the information I have given is true	e and complete as far as I know.				
Signature					
Date					
Complete this box if you have filled claiming	d out this form on behalf of the person				
I have completed this form on hehalf	of the eleiment. I have read and evaluined				
each part of the statement and the de	of the claimant. I have read and explained etails given are those recorded.				
Please tell us why you are					
completing this form on behalf of the person claiming					
Signature of helper					
Name of helper					
·					
Relationship to the person claiming					

Please return this form to Derby Benefits, Derby City Council, The Council House, Corporation Street, Derby DE1 2FS



Privacy Notice

How is your information used?

We may use your information to: bill, administer and collect Council Tax; bill, administer and collect Business Rates; bill, administer and collect Business Improvement District (BID) levies; process and pay Housing Benefit, second adult rebate for pensioners, Council Tax Support, Discretionary Housing Payments and Council Tax Hardship; bill, administer and collect Housing Benefit overpayments; process applications for free school meals; bill, administer and collect Sundry Debts; process financial assessments relating to Home Care Charging and Residential Care Charging; investigate and prosecute Fraud; send you communications; ask agencies, government departments or other public bodies to give us information they have about you; check information you have provided, or information about you that someone else has provided, with other information we hold; get information about you from certain third parties, or give information to them to check the accuracy of information, prevent or detect fraud or protect public funds. This is to help us meet our statutory and non-statutory duties; administer work accurately and efficiently; assess any contribution to means-tested payments or grants provided by the Council; bill, administer and collect debt; contribute to intelligence gathering to assess impacts of changes to identify need; check the information you have given us to make sure we are handling your data correctly, and for other purposes allowed by law; and prevent fraud and the misuse of public funds.

Who has access to your information?

We may share your information with:

- Other Council Directorates, Derby Homes, elected members and schools in Derby.
- External organisations such as: Government departments and organisations, other local authorities; Courts and Tribunals; the Rent Office; the Valuation Office Agency; the Police; the National Asylum Support Service (NASS); the National Anti-Fraud network (NAFN); the National Fraud Initiative (NFI); software providers; contracted service providers and IT companies used for technical support; social housing landlords (for Housing Benefit claimants in social housing); banks; building societies; external auditors; enforcement agents; debt advice agencies; your doctor / medical professional (if you are claiming a discount for severe mental impairment); your employer; any relevant third parties as required to help prevent fraud, including private sector companies as allowed by law.
- Relevant individuals such as benefits claimants, landlords and agents.

For further information about how your personal information will be used, please go to https://www.derby.gov.uk/privacy-notice/ where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from RBESPrivacyNoticerequest@derby.gov.uk or call us on 01332 643194.