Right to reside questionnaire This form must be completed if you have come to live in the U.K. from another country

Claim ref				
Claimant:		Partner:		
Address:				
Partner's address (if different fr				
What is your nationality? (plea	ase provide proof)			
Claimant:		Partner:		
What date did you come to th	is country?			
Claimant:	(dd/n	nm/yy) Partner:		(dd/mm/yy)
Have you come to the U.K. as (Please provide proof of your stude		Yes college/university)		No 🗌
Have you come to the U.K. as	s the family mem	ber of someone who	is a worker o	self employed?
Yes 🗌 No 🗌				
Name, address & relationship	of family memb	er(s)(If you are claiming a	a right to reside	through a family member
we will need proof of their current e	mployment/self-emp	ployment):		
What is your reason for comir	ng to the U.K.? _			
Which country or countries di	d you live in befc	re coming to the U.K.	?	
Country	From Month	Year	To Month	Year

L		

Do you get Income Based Jobseeker's Allowance, Income Support or Income Based Employment and Support Allowance? Yes No 🗍

Do you have any children who are in full time education

Yes 🗌 N

(Please provide proof, e.g. a letter from your child's school confirming that they are currently enrolled)

Name of child	Date of birth	School attended	Date of starting school

Your employment details

Did you work in another country before coming to the U.K.?	Yes 🗌	No	
Bid you work in another country before coming to the O.K.			

If yes, what work did you do?

If no, how did you support yourself and your family?

Are you working or have you worked in the U.K.?

Yes

No [

If yes, please list your current and all former employers. (*Please provide proof, e.g. wageslips, P45s, P60s, Worker Registration documents*)

Name & Address of Employer	Job Title	Who is/was employed? Claimant or Partner	Hours Worked	Start Date	Finish Date	Reason for leaving

Are you self employed	d?	Yes			No [
If yes, what is the nat	ure of your bu	isiness?					
When did you start yo	our business?	(dd/mm/yy)					
What is your HMRC u	inique tax refe	erence number	?				
(You will be required to provide invoices for sales and purchases, and receipts for expenses, etc 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).							
Are you receiving Working Tax Credit? Yes No							
If yes, when did your entitlement start? (dd/mm/yy)							
Are you temporarily unable to work due to illness, accident or maternity? Yes No							
If yes, when did you b	ecome unfit f	or work?					
When will you be retu	rning to work	?					
If you are not working or self employed how are you supporting yourself and your family?							

Yes [
-------	--

No

If yes, what steps are you taking to find work?

Please use this space to provide any other information you think is relevant to your application.

Thank you for completing this questionnaire.

Please read the declaration below and then sign and date the form.

I declare that the information I have given on this form is true and accurate.

Signed: Date:	(dd/mm/yy)
---------------	------------