

Part 3 About other people who live with you - continued

First person Second person Third person

56. Last name (family name)	<input type="text"/>	<input type="text"/>	<input type="text"/>
57. Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
58. Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
59. Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, friend, **Please also** state if they are joint tenant, joint owner, subtenant or boarder. - see Notes for further explanation of these terms

60. Do they get Income Support or income-based Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
61. Do they get Disability Living Allowance or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week

62. Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
63. Are they a full-time student, a student nurse, a care worker, an apprentice or on youth Training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.
	<input type="text"/>	<input type="text"/>	<input type="text"/>

64. Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week

65. Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
66. Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out?
	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

67. Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in?
	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>