

Housing Benefit and Council Tax Support Change of Address form



Please complete this form if you are moving or have moved address. The information on this form should all be about your new address. Please be aware that Housing Benefit cannot normally be awarded for a period before you have moved in.

- Please complete this form in **BLACK** ink

Title
Last name
First names
New Address
Postcode

FOR OFFICIAL USE ONLY

Date issued: Initials:

Reference number:

Date of birth

National Insurance Number

**Address of property
you have moved from**

Date you moved / will move out of previous property

Date tenancy ends at previous property (if applicable)

Date notice given on old tenancy (if applicable)

Date you moved / will move into new address

Date tenancy starts at new address (if applicable)

When did you complete the purchase of the property (if applicable)

PART 1 – WHO ELSE LIVES WITH YOU ?

Please list all of the people who will be living with you at your new address, please use an additional sheet if necessary.

Full name	Relationship to you (for example, partner, son, parent etc.)	Date of birth	National Insurance number (if applicable)	Date moving in/ moved in
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Does anyone else regularly stay with you ?

No

Yes If yes, give details at Part 6

PART 2 - INCOME AND CAPITAL

Please tell us if your income or savings have changed since your last application. With regard to capital it is especially important that you tell us if your savings have increased substantially. Please make sure that you tell us if your total savings reach one of the benefit thresholds of £6000, £10,000 or £16,000.

Has your income or capital changed ?

No

Yes If yes, please tell us about the changes at Part 6

Please note, it is your responsibility to tell us about any changes which you have had since your last declaration. If you fail to tell us, it may result in you losing money or having to repay an overpayment.

PART 3 – ABOUT YOUR NEW PROPERTY

Do you pay rent for your home?

No

If no, go to Part 6

Yes

Please complete the following table:

Type of room	How many in the whole building	How many just for you and your household	How many you share with other people
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets (separate)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms (specify type)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you pay rent to the Council or New Linx Housing Trust ?

No

Yes

If yes, we will pay any housing benefit direct to your landlord

What sort of building do you live in ?

(tick one box only)

House	<input type="checkbox"/>	Is it detached, semi-detached or terraced ?	<input type="text"/>
Bungalow	<input type="checkbox"/>	Is it detached, semi-detached or terraced ?	<input type="text"/>
Flat	<input type="checkbox"/>	Is it in a block or over a shop ?	<input type="text"/>
Bedsit or room	<input type="checkbox"/>	Is it in a house, B&B or hotel ?	<input type="text"/>
Caravan	<input type="checkbox"/>	Is it a static or touring van ?	<input type="text"/>
Other, for example, hostel	<input type="checkbox"/>	Please state what it is	<input type="text"/>

Are there any periods during the year when you cannot occupy the property ?

No

Yes

If yes, confirm the date you have to move out

Does your home have: (please tick)

Central heating ?

A garage ?

A garden ?

A parking space ?

Is the property let as: (please tick)

Furnished ?

Partly furnished ?

Unfurnished ?

Are you responsible for the internal decoration of the property ?

No

Yes

How many floors are there in the building ?

Which floors do you live on (if applicable) ?

PART 4 – ABOUT RENT

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. This could be your tenancy agreement, a rent book or a letter from your landlord. However, we do not need this if you live in a council house in the South Holland area.

How much rent do you pay and how often ?

every

When is the next rent increase due ?

Does anyone else share the rent with you and your partner ?

No

Yes

If yes tell us their names, how much they pay and their relationship to you and your partner

Do you have any weeks when you do not have to pay rent ?

No

Yes

If yes, how many weeks ?

Are any of the following services or charges included in your rent?

Meals?	No	<input type="checkbox"/>	Which meals ?	Breakfast	<input type="checkbox"/>
	Yes	<input type="checkbox"/>		Lunch	<input type="checkbox"/>
				Evening meal	<input type="checkbox"/>
Water charges?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how much? <input type="text"/>
Heating?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how much? <input type="text"/>
Lighting?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how much? <input type="text"/>
Hot water?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how much? <input type="text"/>
Fuel for cooking?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how much? <input type="text"/>
Laundry?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how much? <input type="text"/>
Cleaning of rooms?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how much? <input type="text"/>
Gardening?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how much? <input type="text"/>
Garage or parking space?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how much? <input type="text"/>
Personal care and support	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how much? <input type="text"/>

Do you pay ground rent only ? **No**

Yes

Has your rent been registered as a fair rent by a rent officer ? **No**

Yes

If yes, please send the fair rent document.

Are you behind with your rent ? **No**

Yes

If yes, how many weeks ?

What is your landlord's name, business address and telephone number ?

If your landlord has an agent, tell us their full name, address and telephone number

By agent we mean the person or organisation you actually contact about your tenancy

Can we contact your landlord or agent ?

No

Yes

If yes, we will not give your landlord any information about your personal or household circumstances or your financial circumstances.

Are you, your partner, or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agents partner ?

Related includes related through marriage even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter

No

Yes

If yes, what is the relationship ?

is my landlord or agent's

If either your landlord or agent is a company, are you associated to that company in any other way ?

No

Yes

PART 5 - PAYMENT OF HOUSING BENEFIT

Would you like your housing benefit to be paid into the account that we already hold for you ?

No

If no, please tell us your new account details below

Yes

Name of bank or building society

Name the account is in

Sort code

Account number

Building society roll number if applicable

Would you like us to pay your housing benefit direct to your landlord ? (We can usually only do this in certain cases.)

No

Yes

In some circumstances we may be able to pay your landlord direct. We can do this if you rent from the Council or a Housing Association. However, if you rent from a private landlord we need you to tell us why you need to have your Housing Benefit paid direct to your landlord.

If you would like your landlord to be paid direct please tick this box and give full reasons with as much detail as possible, along with your landlord's account details at Part 6.

PART 6 - ANYTHING ELSE YOU WOULD LIKE TO TELL US. Please remember to tell us if any of your financial or household circumstances have changed along with the date that the changes happened.

PART 7 – DECLARATION

I understand the following:

- If I give information that is incorrect or incomplete, action may be taken against me.
- You will use the information I have provided to process my claim for Housing Benefit or my application for Council Tax Support, or both. You may check some of the information with other sources within the council, rent offices and other councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I know I must let the benefit department at the Council know about any changes in my circumstances which might affect my claim or application.

I declare that the information I have given on this form is correct and complete.

I understand that my information will be processed in accordance with the law, in particular the Data Protection Act 1998 and that the information that I have provided will only be used for Council purposes unless there is a legal authority to do otherwise.

Signature of person claiming or applying Date

Signature of partner Date

If this form has been filled in by someone other than the person claiming or applying, please give details and ask them to sign below.

Please tell us why you are filling in this form for the person claiming or applying

I declare that as far as possible, I have confirmed with the person claiming or applying that the details I have written on the this form are correct

Name of person who filled in the form Signature

Relationship to the person claiming Date

Please return this form to the Benefit Section along with any necessary proofs

Post to: Benefit Services, South Holland District Council, P.O. Box 8, Spalding, Lincs PE11 2XQ
Visit: Council Offices, Priory Road, Spalding PE11 2XE any weekday from 8.30am to 5.15pm except on Wednesdays when we open at 9.00am and Fridays when we close at 4.45pm
Tel: 01775 761161
Email: benefits@sholland.gov.uk

If you suspect anyone of fraud, please call our 24 HOUR FREEPHONE hotline: 0800 002 008