

Housing Benefit and Council Tax Support Change in Circumstances



Please complete this form if your circumstances have changed, except if you have moved.
If you have moved, please complete a Change of Address form.

- Please complete this form in **BLACK** ink, and place a **TICK** (✓) in the relevant boxes

Title

Last name

First names

Address

Postcode

FOR OFFICIAL USE ONLY

Date issued: Initials:

Ref number:

Date of birth

National insurance number

Home telephone

Mobile number

Email address

What has changed ?

Please also tell us the date of the change or changes here and then complete the rest of this form

PART 1 – WHO ELSE LIVES WITH YOU ?

Do you have anyone else living with you? **No**
Yes

If no, please go to Part 2

If yes, please complete the details below (please continue on a separate piece of paper if necessary)

Full name	Relationship to you (for example, partner, son, parent)	Date of birth	National Insurance number (if applicable)	Date moved in
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If someone has recently moved into your address, please give details of their previous address in part 6.

If your partner has recently moved in, we will need to see proof of their identity and National Insurance Number.

PART 2 – INCOME (except earnings) for you and your partner (we will need to see proof of each income) If you or your partner have applied for a benefit but not received anything yet please indicate which benefit in the end column. Continue on a separate sheet if necessary.

Name of person receiving the income	What is the income ?	Amount	Frequency	Date income started	Benefit applied for
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PART 3 – EARNINGS for you and your partner

Are you or your partner self-employed ?

No

Yes

If yes, tell us when the self employment started and approximately how much is earned per week at Part 6

Do you or your partner work for an employer?

No

Yes

If no, please go to Part 4

Please give details below

We will need to see proof of your earnings – either your last five weekly, three fortnightly or two monthly payslips or your contract of employment if you have only just started working.

You

Your partner

Employer's name and address

Employer's telephone number:

When did you start this job ?

Can we contact your employer ?

No

Yes

No

Yes

Are you employed for a limited period ?

No

Yes

No

Yes

If yes, when will you finish

If yes, when will you finish

How many hours per week do you usually work ?

How much do you get paid before Tax and National Insurance are taken off ? (If wages vary give an average)

every

every

How are you paid (for example cash, BACS)

Do you or your partner pay a registered childminder, nursery, or after school club any childminding costs ?

No

If no, please go to Part 4

Yes

If yes, tell us about this

Name of child	Name and registration number of the minder	Amount paid each week
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

We will need to see proof of the amount of childcare that you pay

PART 4 - CAPITAL

In this section please declare all capital that you and your partner hold, even if you have already declared them to us on previous forms. This includes any bank accounts you have which are either empty or overdrawn, as well as any internet-based accounts, ISAs, Savings Bonds, Shares etc. If your savings total more than £6000 please provide proof such as bank statements, bank books or certificates. Continue at Part 6 if necessary.

Who holds the Capital ? (you, Your partner, etc)	Name of bank, of bank or building	Full account number	Number of shares / bonds (if applicable)	Total amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PART 6 – ANYTHING ELSE YOU NEED TO TELL US

Please use this box to tell us about anything else you think we may need to know. You can also use this space to continue any of the sections above if there was not enough room.

PART 7 – CHANGES YOU SHOULD TELL US ABOUT

- any of your children leave school or leave home
- anyone moves into or out of your home (including lodgers or sub-tenants)
- your income (including benefits) or the income of anyone living with you changes
- your capital changes
- you or anyone living with you becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison or gets, changes or leaves a job
- your rent changes (for privately rented properties only)
- you move
- you or your partner are going to be away from home for more than 2 months
- you receive any decision from the Home Office
- anything else changes (this list is not exhaustive)

These changes must be notified to us in writing – a phone call is not always enough. If you don't tell us about these changes you may lose money you are entitled to.

You must make sure that you tell us about these changes yourself – don't rely on someone else to pass the information on to us.

It is an offence not to tell us about any change of circumstance that affects your benefit. We may take court action against you and if we pay you too much benefit you will have to pay it back.

PART 8 – 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 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.

For Housing Benefit, I understand that I must notify the change of circumstance within one calendar month of the date the change occurred.

For Council Tax Support, I understand that I must notify the change of circumstance within 21 days of the date the change occurred.

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

I declare that the information I have given on this form is true, up to date and complete.

Your information will be processed in accordance with the law, in particular the Data Protection Act 1998. The information that you provide will only be used for Council purposes unless there is a legal authority to do otherwise.

Signature of person claiming or applying	<input type="text"/>	Date	<input type="text"/>
Signature of partner	<input type="text"/>	Date	<input type="text"/>

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	<input type="text"/>	Signature	<input type="text"/>
Relationship to the person claiming or applying	<input type="text"/>	Date	<input type="text"/>

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

Tel: 01775 761161

Email: benefits@sholland.gov.uk

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

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