

HOUSING BENEFIT AND COUNCIL TAX SUPPORT CHANGE OF CIRCUMSTANCES FORM

PRIVATE AND CONFIDENTIAL

Name
Address Including room number
Postcode
Reference number

Use this form to report a change in circumstances: (please tick and use BLACK ink)

- | | | |
|---|--------------------------|--|
| Housing Benefit | <input type="checkbox"/> | Help towards your rent |
| Council Tax Support | <input type="checkbox"/> | Help with your Council Tax bill |
| Housing Benefit and Council Tax Support | <input type="checkbox"/> | Help with your rent and Council Tax bill |

PLEASE SEND YOUR COMPLETED FORM TO THE ABOVE ADDRESS

We will work out your benefit or support only when we have seen all the original documents we need. If you cannot send them all, **you should still return the form straight away**, or you may lose benefit or support. Let us have the other documents as soon as possible afterwards; let us know if you will not be able to send them within one calendar month.

If you have any difficulties completing the form, please contact us on 023 8068 8046.

A Visiting Officer is available if you are housebound.

IMPORTANT

You must answer every question. Some need a tick ✓ but others need a written answer. Do not cross out pages that you do not think apply to you. Please write in black ink.

**DO NOT DELAY RETURNING THIS FORM – YOU MAY LOSE BENEFIT
OR SUPPORT**

PART 1 – ABOUT YOU AND YOUR PARTNER (CONTINUED)

	YOU	YOUR PARTNER
If you have moved home in the last 2 years, tell us your previous address(es)	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	Postcode	Postcode
Were you the home owner, a private tenant, a Council tenant or a boarder at this address?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Have you or your partner claimed Housing Benefit, Council Tax Benefit or Council Tax Support before?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you claim?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you claim?
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Which Council did you claim from?	Which Council did you claim from?
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	What name did you claim in?	What name did you claim in?
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	What address did you claim for?	What address did you claim for?
	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	Postcode	Postcode
Have you told the Council that paid your benefit or support that you have moved?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.
What is your nationality?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
If your nationality is not British, on what date did you last enter the UK?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
The UK is England, Northern Ireland, Scotland and Wales.		
Are you or your partner in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you go in?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in?
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	When will you come out (if you know this)?	When will you come out (if you know this)?
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

PART 1 – ABOUT YOU AND YOUR PARTNER (CONTINUED)

	YOU	YOUR PARTNER
Do you or your partner get Disability Living Allowance or Personal Independence Payments?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How Much?	Care: £	Care: £
	Mobility: £	Mobility: £
Do you or your partner get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does anyone get Carers Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner ever claimed Carers Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Still tick 'Yes' if you were not paid any Carers Allowance

This could have been because you were better off getting another state benefit

Do you or your partner pay towards the upkeep of a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you pay?	£	How much do they pay?
	£	£
How often?	Every	How often?
	Every	Every
Do you or your partner have a vehicle from a mobility scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you study full or part time?	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Do they study full or part time?
	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
How much of your income is taken into account when working out your grant?	£	How much of their income is taken into account when working out their grant?
	a year	£
	a year	a year

Please tick if you or your partner are:

<ul style="list-style-type: none"> • an apprentice • on youth training • in legal custody • severely mentally impaired • registered blind • long-term sick or disabled 	<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>							<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						

We will contact you if we need any more information

PART 2 – ABOUT CHILDREN

You may be able to get more benefit or support if there are children in your household and they are:

- under 16,
- aged 16 or 17 and registered for work or youth training; or
- aged 16 to 20 and in education doing a course - not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household?

No

Yes If there are more than 3 children, use a separate sheet of paper to tell us all the information we ask for on this page

If you are sending a separate sheet of paper, tick this box

	First Child	Second Child	Third Child
Last name			
Other names			
Date of birth			
What is the child's sex?			
The child's relationship to you			
The child's relationship to your partner			
Usual address if different from yours			
Child Benefit number			
Who gets the Child Benefit for them? (we need to see proof of this)			
Is the child 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"/>
	We need to see evidence	We need to see evidence	We need to see evidence
Does the child get Disability Living 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"/>
	How much?	How much?	How much?
	Care:£	Care:£	Care:£
	Mobility:£	Mobility:£	Mobility:£
Do you pay a registered child minder, nursery or after school club any child minding costs for this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Tell us the name and registration number of the minder	Tell us the name and registration number of the minder	Tell us the name and registration number of the minder
	How much do you pay a week?	How much do you pay a week?	How much do you pay a week?
	£	£	£
	We need to see evidence	We need to see evidence	We need to see evidence

PART 3 – ABOUT BEING SELF EMPLOYED

Are you or your partner self-employed?

No
Yes

Go to **Part 4**

Answer the questions in **Part 3**

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

Alternatively you can request one of our self-employed forms that need to be fully completed.

YOU

YOUR PARTNER

What kind of work do you do?

--	--

When did the business start?

--	--

What is the business address?

Postcode	Postcode

Are there any other partners in the business?

No
Yes

Tell us their name and address

No
Yes

Tell us their name and address

How many hours a week do you usually work?

--	--

Do you get a Business Start-up Allowance?

No
Yes

How much?

No
Yes

How much?

£	£
How often?	How often?
Every	Every

Do you pay into a private pension scheme?

No
Yes

How much?

No
Yes

How much?

£	£
How often?	How often?
Every	Every

We must see evidence of the above before we can decide how much benefit or support you can get. Read the checklist at Part 10 to see what you can use as evidence.

PART 4 – ABOUT WORKING FOR AN EMPLOYER

Do you or your partner work for an employer?

No Go to **Part 5**

Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box

	YOU	YOUR PARTNER
What kind of work do you do?		
What is your employer's name and address?		
	Postcode	Postcode
When did you start this job?		
What is your payroll, employee or staff number?		
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will they finish?
How often do you get paid?	Every	Every
How much do you get paid before Tax and National Insurance are taken off?	£	£
How are you paid? For example, in cash, by cheque or straight into a bank or building society account		
When was your last pay rise?		
When will your next pay rise be?		
How many hours a week do you usually work?		
Give details of any regular overtime, bonuses or commission		
Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP)/Paternity Pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you getting any other Sick Pay or Maternity/Paternity Pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

PART 4 – ABOUT WORKING FOR AN EMPLOYER (CONTINUED)

Do you pay into a private or company pension scheme?

No
 Yes How much?

No
 Yes How much?

£	£
How often?	How often?
Every	Every

We must see evidence of any earnings before we can decide how much benefit or support you can get. Read the checklist at Part 10 to see what you can use as evidence.

PART 5 – ABOUT ANY OTHER WORK

Do you or your partner do any other work at all?

This could be voluntary work or any other work, even if it is not paid work

No Go to **Part 6**

Yes Answer the questions on this page.

What other work do you do?

YOU	YOUR PARTNER

What is the name and address of the person you do this work for?

Postcode	Postcode

When did you start this work?

--	--

How many hours a week do you usually work?

--	--

Do you get paid?

If you only get expenses or tips, still tick 'Yes' and give details

No
 Yes How much do you get before deductions?

No
 Yes How much do you get before deductions?

£	£
How often?	How often?
Every	Every

We must see evidence of any earnings before we can decide how much benefit or support you can get. Read the checklist at Part 10 to see what you can use as evidence.

PART 6 – ABOUT BENEFITS AND PENSIONS

Are you or your partner getting any benefits or pensions or waiting to hear about benefits or pensions you have claimed?

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Bereavement Allowance
- Child Tax Credit
- Pension Credit (including Savings Credit)
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Carer's Allowance
- Contribution-based Jobseeker's Allowance
- Contribution-based Employment and Support Allowance
- Maternity Allowance
- Retirement Pension
- Severe Disablement Allowance
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's or Widower's Benefits
- Working Tax Credit
- Statutory Sick Pay, Statutory Maternity Pay or Statutory Paternity Pay
- Disability Living Allowance, Personal Independence Payments or Attendance Allowance

No Go to **Part 7**

Yes Tell us about the benefits or pensions below. Tell us the full rate of the benefits or pensions before any deductions.

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form.

If you are sending a separate sheet of paper, tick the box

	YOU	YOUR PARTNER
The name of the benefit or pension	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	£	£
	How often?	How often?
	Every	Every
The name of the benefit or pension	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	£	£
	How often?	How often?
	Every	Every

PART 6 – ABOUT BENEFITS AND PENSIONS (CONTINUED)

The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
£	<input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	How often? <input type="text"/>
Every	<input type="text"/>	Every <input type="text"/>

PART 7 – ABOUT OTHER MONEY COMING IN

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

- No Go to **Part 8**
 Yes Answer the questions on this page

This includes occupational pensions; maintenance or child support for you, your partner or any of the children you have told us about on this form; money from a trust fund; training allowances; a student grant or loan; and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the Macfarlane Trust.

Other money 1

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do they get?	£ <input type="text"/>
How often?	Every <input type="text"/>
When did they start getting this income?	<input type="text"/>
When is the income likely to go up?	<input type="text"/>

Other money 2

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do they get?	£ <input type="text"/>
How often?	Every <input type="text"/>
When did they start getting this income?	<input type="text"/>
When is the income likely to go up?	<input type="text"/>

Other money 3

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do they get?	£ <input type="text"/>
How often?	Every <input type="text"/>
When did they start getting this income?	<input type="text"/>
When is the income likely to go up?	<input type="text"/>

PART 7 – ABOUT OTHER MONEY COMING IN

Does anyone owe money to you, your partner, or any children you are claiming for?

No
 Yes What for?

How much?

 £

Are you expecting to get any other money in the next 12 months?

For example, a redundancy payment or a payment instead of notice or holiday.

No
 Yes What for?

How much?

 £

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 10 to see what you can as evidence.

PART 8 – ABOUT BANK AND BUILDING SOCIETY ACCOUNTS, CAPITAL, SAVINGS AND OTHER INVESTMENTS

Do you or your partner have any bank accounts, capital, savings, investments or property in the UK or abroad?

This includes cash, current accounts and savings accounts with a bank or building society, Post Office accounts, Premium Bonds, National Savings Certificates and stocks and shares.

No Go to **Part 9**
 Yes Answer all the questions in this part. We must see evidence of all the bank and building society accounts, capital, savings and investments. Read the checklist at **Part 10** to see what you can use as evidence.

Do you or your partner have any bank accounts?

No
 Yes Tell us about all your **bank accounts**, even empty or overdrawn ones. If there are more than 2 bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick the box

Name of bank	Account number
<input type="text"/>	<input type="text"/>

Whose name is the account in?	How much is in the account?
<input type="text"/>	£ <input type="text"/>

Name of bank	Account number
<input type="text"/>	<input type="text"/>

Whose name is the account in?	How much is in the account?
<input type="text"/>	£ <input type="text"/>

Do you or your partner have any building society accounts?

No
 Yes Tell us about **building society accounts** overleaf, even if you do not use them regularly. If you have more than 2 building society accounts, tell us about the other on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick the box

PART 8 – ABOUT BANK AND BUILDING SOCIETY ACCOUNTS, CAPITAL, SAVINGS AND OTHER INVESTMENTS (CONTINUED)

Name of building society	Account number
<input type="text"/>	<input type="text"/>
Whose name is the account in?	How much is in the account?
<input type="text"/>	£ <input type="text"/>
Name of building society	Account number
<input type="text"/>	<input type="text"/>
Whose name is the account in?	How much is in the account?
<input type="text"/>	£ <input type="text"/>

Do you or your partner have any Post Office accounts?

This includes savings accounts

No

Yes

Tell us about **Post Office accounts**, even if you do not use them regularly. If you have more than 2 Post Office accounts, tell us about the other on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick the box

Type of account	Account number
<input type="text"/>	<input type="text"/>
Whose name is the account in?	How much is in the account?
<input type="text"/>	<input type="text"/>
Type of account	Account number
<input type="text"/>	<input type="text"/>
Whose name is the account in?	How much is in the account?
<input type="text"/>	<input type="text"/>

Do you or your partner have any Premium Bonds?

No

Yes Value

£

Do you or your partner have any National Savings Certificates?

No

Yes Issue number Value How many?

<input type="text"/>	£ <input type="text"/>	<input type="text"/>
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Issue number	Value	How many?
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<input type="text"/>	£ <input type="text"/>	<input type="text"/>
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Do you or your partner have any stocks, shares, bonds or unit trusts?

No

Yes

Company name	How many?
<input type="text"/>	<input type="text"/>

Company name	How many?
<input type="text"/>	<input type="text"/>

Do you or your partner have any other capital, savings or investments, or does anyone hold capital on your behalf?

For example, cash, TESSAs, ISAs, TOISAs, compensation, or any other money you have not told us about on this form

No

Yes Tell us about this

PART 8 – ABOUT BANK AND BUILDING SOCIETY ACCOUNTS, CAPITAL, SAVINGS AND OTHER INVESTMENTS (CONTINUED)

Do you or your partner own or partly own any property, land or timeshare, other than the home you live in, either in the UK or abroad?

No

Yes What is the address?

Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare

Postcode

How much is it worth?

£

If you have a mortgage or loan for this, how much is left to repay?

£

Have you or your partner received a Far Eastern Prisoner of War payment?

No

Yes

PART 9 – ANYTHING ELSE YOU NEED TO TELL US

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

If you are sending separate sheets of paper with this form, tell us how many.

PART 10 – CHECKLIST

WE ONLY NEED TO SEE EVIDENCE RELATING TO THE CHANGE OF CIRCUMSTANCES THAT YOU ARE INFORMING US ABOUT ON THIS FORM.

Please tick to tell us what evidence you are sending with this form. We must see **original** documents, not copies. Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

If you do not provide all the evidence we need, we may not be able to pay you any benefit or support. We need the same evidence for your partner, if you have one, and for any other adults living in your home.

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim, **but we will not be able to pay you any benefit or support until we have all the evidence.**

Evidence of identify (at least 2 items must be provided)

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EU identity card or recent gas or electricity bill. We may need to see several of these documents for each person.

Evidence of National Insurance number

Such as a National Insurance number card, payslips or letters from the Department for Work and Pensions or HM Revenue & Customs.

Evidence of bank and building society accounts, capital, savings and investments

All your bank, building society or Post Office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. We need to see this evidence for children in your household as well. **The evidence you send must show details for at least the last 2 months.**

Evidence of earnings

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. If you or your partner are self-employed, we need to see your accounts for the last financial year on, if you have been trading for less than 6 months, a summary of your trading records so far. A form is available to complete if you do not have accounts.

Evidence of other income

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

Evidence of benefits, allowances or pensions

Such as current award notices or letters from the Department for Work and Pensions confirming how much you get. We also need to see all the pages of any Tax Credit award letters. If you do not have evidence, let us know straight away.

Evidence of private rent and tenancy

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord. This should show what services are included in your rent.

Evidence of other money paid out

Such as letters about student grants or maintenance, agreements or receipts from registered child carers.

PART 11 – DECLARATION

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm that all the details about them are correct, but they do not have to sign.

Please read this declaration carefully before you sign and date it.

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Support (or both). You may check some of the information with other sources as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.

I know I must inform the Benefit section at the Council if there is any change in my circumstances that may affect my claim.

I declare the information I have given on this form is correct, complete and I have provided original documents as detailed in **Part 10**.

Signature of person claiming

I give permission for my partner to discuss this claim with the Council

Date

Partner's signature

Date

If this form has been filled in by someone other than the person claiming

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

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form

Signature of the person who filled in this form

Relationship to the person claiming

Date

NOTES FOR FILLING IN THE HOUSING BENEFIT AND COUNCIL TAX SUPPORT CLAIM FORM

Revenue & Benefits, Eastleigh House, Upper Market Street, Eastleigh, Hampshire, SO50 9YN
Telephone 023 8068 8046 Fax 023 8068 8084
Email revbens@eastleigh.gov.uk

About this form

The Housing Benefit and Council Tax Support claim form has been specially designed to be easy to fill in. It may look rather long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of benefit.

You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

Filling in the form

If you are filling in this form by hand, use black ink. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

Answer 'Yes' or 'No' questions by ticking the relevant box. If you are picking an answer from a list of answers, tick the relevant box.

If someone else fills in the form for you, there is a special space for them to sign.

If you need help filling in the form

If you need any help, our phone number is 023 8068 8046. We are open between 8.30am and 5.00pm Monday to Friday. Or you can get in touch with an organisation like the Citizens Advice Bureau. The address and phone number of your nearest bureau is in the phone book.

What to do next

When you have filled in the form, sign it and send it to us, with the evidence we need to see. Or you can bring the form and evidence to us at Eastleigh House. Documents sent by recorded delivery or special delivery will be returned in the same way. If you cannot get the evidence we need straight away, do not worry. Send the form to us, but let us know that you will be sending some evidence later. If you do not send the form to us straight away, you may lose money. If you cannot get the evidence within 2 or 3 weeks, let us know. We may be able to help you.

Changes you must tell us about

Tell us straight away if:

- any of your children leave school or leave home;
- anyone moves into or out of your home (including lodgers and subtenants);
- your income or the income of anyone living with you, including benefits, changes;
- your capital, savings or investments change;
- 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;
- you move;
- you or your partner are going to be away from home for more than a month;
- you receive any decision from the Home Office; or
- anything you have told us about changes.

You must tell us about these changes in writing – a phone call is not enough.

If you do not tell us about these changes you may lose money you are entitled to or you may get too much benefit or support.

You must make sure that you tell us about these changes, do not rely on someone else to pass the message on.

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

Appeals

If you are not happy with any decision about your benefit or support, you have the right to appeal. If you want to appeal, you should write to the Benefit office within one month of the date of the notification letter. Details of your rights and duties are on all letters.

Mistakes/missing information

Please remember to check the details on all benefit or support letters we send you and tell us if there are any mistakes or missing information. This is to avoid any overpayments, which you will have to repay.

How we collect and use information

We will use the information you give in the form, and in any supporting evidence you send us, to process your claim for Housing Benefit and Council Tax Support.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and the HM Revenue and Customs, as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information held by us. We may also get information about you from certain third parties, or give them information to:

make sure the information is accurate;
prevent or detect crime; and
protect public funds.

These third parties include government departments, local Councils and private-sector companies such as banks and organisations that may lend you money.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

**Eastleigh Borough Council, Eastleigh House, Upper Market Street,
Eastleigh, Hampshire, SO50 9YN**

T: 023 8068 8000

W: www.eastleigh.gov.uk

E: revbens@eastleigh.gov.uk

This information can be provided in alternative formats including large print, audio tape, Braille and other languages by calling 023 8068 8000, email direct@eastleigh.gov.uk or text 07797 877001