



**Housing Benefit & Council Tax Benefit - Change of Income Form**

***Part 1, Personal Details***

|                     | You | Your Partner |  |
|---------------------|-----|--------------|--|
| First name          |     |              | <b>Are you</b><br>- an Owner-Occupier?<br>NO <input type="checkbox"/> YES <input type="checkbox"/><br>- a Council Tenant?<br>NO <input type="checkbox"/> YES <input type="checkbox"/><br>- a Private Tenant?<br>NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Surname             |     |              |  |
| Full Postal Address |     |              |  |
|                     |     |              |  |
| Tel. No.            |     |              |  |
| Nat. Ins. No.       |     |              |  |

***Part 2, Household Composition***

Please list the names of everyone who lives with you. If no one else is living in the property, write 'none' below.

| Name | Relationship to You | Date of Birth | Income Received | Child Benefit Paid to You?                               |
|------|---------------------|---------------|-----------------|--|
|      |                     |               |                 | NO <input type="checkbox"/> YES <input type="checkbox"/> |
|      |                     |               |                 | NO <input type="checkbox"/> YES <input type="checkbox"/> |
|      |                     |               |                 | NO <input type="checkbox"/> YES <input type="checkbox"/> |
|      |                     |               |                 | NO <input type="checkbox"/> YES <input type="checkbox"/> |
|      |                     |               |                 | NO <input type="checkbox"/> YES <input type="checkbox"/> |
|      |                     |               |                 | NO <input type="checkbox"/> YES <input type="checkbox"/> |

If there have been any changes to the Household since last time you contacted the Housing Benefit Office, please give dates and full details below: -

Do you pay any child minding costs? No  Yes

If YES please provide proof of the minders name, registration number and amount paid.

Please provide proof of all income received by everyone who lives in your household or any child benefit payment.

## Part 3, Earned Income

Do you or your partner work for an employer?

No  Go to part 4

Yes  Answer the questions on this page. If you have more than one job please give details on a separate piece of paper.

If you are sending a separate piece 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?

 /  / 
 /  / 

Are you employed for a limited period?

No  Yes  When will you finish?

No  Yes  When will you finish?

 /  / 
 /  / 

How often do you get paid?

 Every

 Every

How much do you get paid?

Please include details of any overtime, bonuses, commission or tips

 £

 £

When is your next pay rise?

 /  / 
 /  / 

How many hours a week do you work?



Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?

No  Yes

No  Yes

Do you pay into a private or a company pension scheme?

No  Yes  How much?

No  Yes  How much?

 £

 £

 Every

 Every

Please supply 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. Hand written payslips are not acceptable. If you do not have any payslips, or it is a new job, your employers can complete a form that we can provide. The payslips provided must show full details of the pay you receive including gross pay and any deductions for tax, National Insurance and pension.

# Part 4, Self Employed Income

Are you or your partner self-employed?

No  Go to part 5      Yes

Answer the questions on this page. 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 proof of your income. Please ask us for a form.

What kind of work do you do?

**You**

**Your partner**

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

Postcode

Postcode

How many hours a week do you work?

Do you get a Business Start-Up Allowance?

No  Yes  How much?

No  Yes  How much?

£

£

How often?

Every

How often?

Every

Do you pay into a private pension scheme?

No  Yes  How much?

No  Yes  How much?

£

£

Every

Every

Please send in proof of any pension scheme you pay into.

## Part 5, Capital Savings & Investments

**Do you or your partner have any capital, savings or investments?**

This includes current accounts with a bank or building society, post office accounts, premium bonds or stocks and shares.

No  Go to part 6    Yes  Answer the questions on this page.

Please supply statements covering at least the last 2 months, even if the account is overdrawn. A simple balance statement is not enough.

Only original documents are acceptable.

**You**

**Your partner**

**Do you or your partner have any bank accounts?**

No  Yes

No  Yes

**Name of bank(s)**

1

1

2

2

**Account number(s)**

1

1

2

2

**How much is in the account?**

1 - £

1 - £

2 - £

2 - £

**Do you or your partner have any building society accounts?**

No  Yes

No  Yes

**Name of building society(s)**

1

1

2

2

**Account number(s)**

1

1

2

2

**How much is in the account(s)?**

1 - £

1 - £

2 - £

2 - £

**Do you or your partner have any post office accounts?**

No  Yes

No  Yes

**Type of account(s)**

1

1

2

2

**Account number(s)**

1

1

2

2

**How much is in the account(s)?**

1 - £

1 - £

2 - £

2 - £

**You**

**Your partner**

Do you or your partner have any premium bonds?

No  Yes  How much?

£

No  Yes  How much?

£

Do you or your partner have any National Savings Certificates?

No  Yes

No  Yes

Please supply the relevant certificates.

1 Issue number

2 Issue number

1 No of units

2 No of units

Do you or your partner have any stocks, shares, bonds or unit trusts?

No  Yes

No  Yes

1 Name of company

2 Name of company

Please supply the relevant certificates or bond documents.

1 How many?

2 How many?

Do you or your partner have any other capital, savings or investments?

No  Yes

No  Yes

For example PEP's, TESSA's or ISA's  
Please provide proof

Do you or your partner own or partly own any land or property in this country or abroad other than the home that you live in?

No  Yes

No  Yes

For example a holiday home.

Value

£

£

What is the address?

We will write to you for further information

Postcode

Postcode

## Part 6, Incomes & Benefits

Do you or your partner receive any benefits, allowances or income?

No  Go to part 7

Yes  Please complete this section

| <b>Who receives</b> | <b>Type of income</b> | <b>Amount</b> | <b>How often</b><br>ie - Weekly, monthly etc |
|---------------------|-----------------------|---------------|--|
|                     |                       |               |  |
|                     |                       |               |  |
|                     |                       |               |  |
|                     |                       |               |  |
|                     |                       |               |  |
|                     |                       |               |  |

Please supply evidence of all income you receive.

If you or your partner have claimed benefit but not heard, tell us here.

| <b>Who claimed</b> | <b>Type of benefit</b> |
|--------------------|------------------------|
|                    |                        |
|                    |                        |
|                    |                        |
|                    |                        |
|                    |                        |
|                    |                        |

## Part 7, Your Declaration

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

*I understand that:*

- ◆ 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 Benefit. You may check some of the information with other sources within the council 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 it.

**I authorise the council to make any necessary enquires to check the information on this form.**

**I know I must let the council know about any changes in my circumstances, which might affect my claim.**

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

|   |                     |
|---|---------------------|
| <i>Signature of person claiming:-</i> ..... | <i>Date:-</i> ..... |
| <i>Signature of partner:-</i> .....         | <i>Date:-</i> ..... |

**WARNING** – giving false information may result in prosecution under the Theft Act 1968 or the Social Security Administration Act 1992.

### **Notes**

You must **write** to us immediately if your circumstances change and provide original documents to support any changes. If you do not notify this office within one month of a change of circumstances, you may lose out on benefits entitlement or the Benefit section will recover any overpayments at a later date.

Examples of changes you must tell us about

- ◆ Any changes to the income you or your partner receive
- ◆ Any changes to the earnings you or your partner receive
- ◆ Any changes to the amount of capital, savings or investments held
- ◆ Changes in the status or income of the people living with you
- ◆ Changes to the number of people in the household

This list is not complete and only gives you an example of some the types of changes that occur.

Please send or take your completed form to:

|                                |           |                               |
|--------------------------------|-----------|-------------------------------|
| <b>Housing Benefit Section</b> | <b>or</b> | <b>Carlton Enquiry Office</b> |
| Civic Centre                   |           | Cemetery Lodge                |
| Arnot Hill Park                |           | Cavendish Road                |
| Arnold                         |           | Carlton                       |
| Nottingham                     |           | Nottingham                    |
| NG5 6LU                        |           | NG4 3EF                       |

**If you have any enquiries regarding this form or your Housing Benefit claim in general please telephone the Benefit section on 0115 9013970**

**Minicom 901 3935**

***The Office hours are:***

*Civic Centre*

Mon-Thur

8.45am - 5.15pm

Fri - 8.45am - 4.45pm

*Carlton Office*

Mon - Fri 9.00am - 4.00pm

This form available in larger print and other formats - phone

**0115 9013970**



**GEDLING**  
BOROUGH COUNCIL