



Housing Benefit & Council Tax Benefit Change of Income Form

Part 1 - Personal Details

First name

You

Your partner

Surname

Full Postal address

Postcode

Postcode

Tel. No.

National Insurance Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
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Are you:

- an owner occupier?
- a council tenant?

- a private tenant?

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? | <input type="text"/> | <input type="text"/> |
| What is your employer's name and address? | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| | Postcode <input type="text"/> | Postcode <input type="text"/> |
| When did you start this job? | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Are you employed for a limited period? | No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish? <input type="text"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish? <input type="text"/> |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| How often do you get paid | Every <input type="text"/> | Every <input type="text"/> |
| How much do you get paid? Please include details of any overtime, bonuses, commission or tips | £ <input type="text"/> | £ <input type="text"/> |
| When is your next pay rise? | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| How many hours a week do you work? | <input type="text"/> | <input type="text"/> |
| Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Do you pay into a private or a company pension scheme? | No <input type="checkbox"/> Yes <input type="checkbox"/> How much <input type="text"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> How much <input type="text"/> |
| | £ <input type="text"/> | £ <input type="text"/> |
| | Every <input type="text"/> | Every <input type="text"/> |

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.

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

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?

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

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

Part 5 - Capital savings and 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.

Do you or your partner have any bank accounts?

You

Your partner

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(s)?

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- £

Part 5 - Capital savings and investments - continued

| | You | Your partner |
|---|--|--|
| Do you or your partner have any premium bonds? | No <input type="checkbox"/> Yes <input type="checkbox"/> How much? | No <input type="checkbox"/> Yes <input type="checkbox"/> How much? |
| | £ <input style="width: 150px;" type="text"/> | £ <input style="width: 150px;" type="text"/> |
| Do you or your partner have any National Savings Certificates? Please supply the relevant certificates. | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 1 Issue number | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/> |
| 2 Issue number | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/> |
| 1 No of units | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
| 2 No of units | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
| Do you or your partner have any stocks, shares, bonds or unit trusts? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 1 Name of company | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/> |
| 2 Name of company | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/> |
| | Please supply the relevant certificates or bond documents. | |
| 1 No of units | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
| 2 No of units | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
| Do you or your partner have any other capital, savings or investments? For example PEP's, TESSA's or ISA's Please provide proof | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | <input style="width: 500px; height: 80px;" type="text"/> | |
| 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? For example a holiday home. | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Value | £ <input style="width: 150px;" type="text"/> | £ <input style="width: 150px;" type="text"/> |
| What is the address? We will write to you for further information | <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> |
| | Postcode <input style="width: 50px;" type="text"/> | Postcode <input style="width: 50px;" type="text"/> |

Part 6 - Incomes and benefits

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

No Go to **Part 7**

Yes Please complete this section

| Who receives | Type of income | Amount | How often i.e. 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.

| Who claimed | Type of benefit |
|-------------|-----------------|
| | |
| | |
| | |
| | |
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| | |
| | |

Part 7 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, they should sign this declaration as well.

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 benefit. You may check some of the information with other council departments, rent offices, other councils and government organisations.
- You may use any information I have provided in connection with this and any other claim I have made or may make for state benefits or Discretionary Housing Payments. You may give some information to other government organisations, if the law allows this.
- You may also use any information I have provided to keep my, or my partner's, Council Tax account up to date, and to award or remove any relevant discounts.

I know I must let you know about any change in my circumstances (or the circumstances of anyone in my household) which might affect my claim. **I know** I must let you know about any change as soon as I know about it.

I declare the information I have given on this form is correct and complete and that I have read and understood the declaration above.

Signature of person claiming:

Date:

Partner's signature:

Date:

Under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004, we may have to release the information in this form if we are asked to do so.

However, under the Data Protection Act 1998, your personal information will not be released without your permission, except where the law allows.

By law, we may pass your personal information to other local authorities and government departments and agencies to prevent and detect fraud, corruption, money laundering and other crimes and to manage your affairs.

Warning – if you give false information you may be prosecuted under the Theft Act 1968 or the Social Security Administration Act 1997.

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 and confirm whether you are acting on their behalf during this benefit claim.

Name of the person who filled in this form

Signature of the person

Relationship to the person claiming

Date

Part 8 About returning the form

Please make sure you have answered all the questions on this form and have provided the proof we need. We will not be able to work out your benefit until we receive this proof. We will usually pay benefit from the Monday after we receive your form.

Please send or take your form to one of the following.

The Housing Benefit Section
Civic Centre
Arnot Hill Park
Arnold
Nottingham
NG5 6LU

Carlton Enquiry Office
Cemetery Lodge
Cavendish Road
Carlton
Nottingham
NG4 3EF

Help with the form

If you need any help when filling in the application form, please phone us on 0115 9013970 or visit Gedling 1 Stop at the Council offices in Arnold.

The **GEDLING 1 STOP** is open from 8.00am to 5.15pm Monday to Thursday, and from 8.00am to 4.45pm on Fridays.

Part 9 Changes you must tell us about

You must tell us straight away, in writing, if any information in this form changes. If you are not sure whether the change will affect your benefit, tell us anyway. Tell us yourself, do not rely on someone else (for example, another council department, HM Revenue & Customs, the DWP or other people).

If you do not tell us about changes in your circumstances you may lose benefit you are entitled to, or you may receive too much benefit which you will have to pay back. We may also take action against you, including court action.

Example of changes are if:

- you or your partner start or stop getting Income Support, Jobseeker's Allowance or any other state benefit;
- any of your children leave school or their Child Benefit stops;
- anyone (including children, lodgers and subtenants) moves into or out of your home;
- your or your partner's income changes;
- your rent changes; or
- you move (including moving room at the same property).

This is not a complete list.

Fraud

If you know, or suspect that someone is claiming Housing Benefit, Local Housing Allowance or Council Tax Benefit they are not entitled to, phone us on 0115 9013996.

If you know about anyone claiming any other benefit they are not entitled to, ring the National Benefit Fraud Line on 0800 854440.