

CHANGE IN CIRCUMSTANCES FORM

Large empty rectangular area for the main content of the form.

FOR OFFICIAL USE ONLY

Title Customer Name

DOB NINO

TEL

Email

Customer Address

Date Submitted

Date Form Started

Data Validation Ref

Form Filename

Form Reference

Advisor Name

Advisor Dept

Notes

Ref:

Opening Questions

Are you reporting a change which effects;Free School Meal entitlement Housing Benefit/Council Tax Reduction claim Are you completing this form on behalf of someone else? Yes No Was the claimant present while the form was completed? Yes No Claimant's Title Claimant's Surname / Family Name: Claimant's First Name(s): Address Postcode If known, enter your Housing Benefit /
Council Tax Reduction reference number
here: Do you have a partner who normally lives
with you? Yes No **Note** - If you are reporting that a partner has recently
moved in, please answer NO to this question.What is your National Insurance Number? *If you don't know your NI
number, or cannot find it, tick
this box*

Contact Information

What is your telephone number? What is your email address? What is your mobile telephone number?

If you claim Housing Benefit or Council Tax Reduction, by providing your email address you will be registered for My Accounts in order for you to view your Benefit claim and any notifications. You will be provided with full details of your username/password and how to access My Accounts, this will make your notifications more secure and will also ensure that you receive your notifications quicker.

Your change of circumstances

Please note that any changes that you report on this form will form the basis of your ongoing claim for Housing Benefit, Council Tax Reduction or Free School Meals award. If any of this information is found to be incorrect or incomplete then you, or your landlord, will have to pay back any Housing Benefit award that is overpaid or be invoiced for any overpayment of Free School Meal awards.

Therefore, it is important that you answer all questions accurately and completely.

Please read the statement below carefully before continuing with the form

As the applicant, I have an ongoing and continuous legal duty to notify the Benefits Section of any changes in my (or anyone in my household's) circumstances.

I confirm that I understand and accept the above statement

What change in circumstances do you need to tell us about?

(You may tick MORE THAN ONE of these options if you have more than one change in circumstance to report)

- | | |
|---|--------------------------|
| You are changing address | <input type="checkbox"/> |
| A partner has moved in or moved out of the household
(including the death of a partner) | <input type="checkbox"/> |
| A child / children have moved in or moved out of the household
(including the birth of a new baby and death of a child) | <input type="checkbox"/> |
| An adult / adults (other than a partner) have moved in or moved out of the household
(including the death of an adult) | <input type="checkbox"/> |
| A member of the household will be temporarily absent from the property
(for example: a stay in hospital, residential care or prison) | <input type="checkbox"/> |
| Your income has changed | <input type="checkbox"/> |
| Your partner's income has changed | <input type="checkbox"/> |
| The income of someone else in the household has changed | <input type="checkbox"/> |
| Your capital (savings / investments) has changed | <input type="checkbox"/> |
| Your partner's capital (savings / investments) has changed | <input type="checkbox"/> |
| There has been a change to your rent or landlord at your current address | <input type="checkbox"/> |
| You would like your payments to be made to a new / different bank account. | <input type="checkbox"/> |
| You have become a student | <input type="checkbox"/> |
| Your partner has become a student | <input type="checkbox"/> |
| Other / none of the above options | <input type="checkbox"/> |

If none of these options fit your change in circumstances, please describe how your circumstances have changed in the box below:

New address details

You wish to report that **you have changed address**. Please answer the following questions.

What date are you moving?

▶ Please enter all dates in dd/mm/yyyy format

What address are you moving to?

Postcode

Do you wish to still claim benefit at the new address?

Yes

No

If applicable, what is the tenancy end date?

I wish to claim:

Housing Benefit

Council Tax Reduction

I am a;

Owner Occupier

Private Tenant

Council Tenant

Housing Association

Are you and / or your partner going to be liable to pay the rent?

Yes

No

Which of the following will you be at your new address?

Housing association or social landlord tenant

Private tenant

Council tenant

Are you buying all or part (sometimes called shared ownership) of the property?

Yes

No

What is the completion date?

Are you responsible for paying the Council Tax?

Yes

No

Did everyone in your household move out at the same time?

Yes

No

Will you have a new telephone number?

Yes

No

What is your new telephone number?

Are you moving in with anyone else?

Yes

No

What is the name of the person you are moving in with?

Is there any period when you have to pay rent for both your old and new property?

Yes

No

Tell us why

Do you own any other property elsewhere?

Yes

No

Address of other property

Postcode

Claimant

Partner

Has your or your partner's income changed as a result of this move?

Yes

No

Yes

No

Has your or your partner's capital changed as a result of this move?

Yes

No

Yes

No

Have you anything else that you wish to report?

Yes

No

Partner's first name?

Partner's surname / family name?

Gender

What is their National Insurance Number?

Is the partner moving into or out of the property?

Is this due to the death of your partner?

Please confirm the date that they passed away:



The date they left the property?

What is their new address?

What is their Date of Birth?

Is your partner registered blind?

Is your partner unable to work because of illness or a disability?

If YES when did your partner last work?

Are they an apprentice?

Are they on Youth Training?

Are they severely mentally impaired?

Has your partner got a vehicle from a Mobility Scheme?

Is your partner in hospital?

If YES when was your partner admitted?

Partner details

Please complete the remaining questions on this page regarding the change in circumstance to your partner.

Is your partner a student?

Yes No

Name of College/University

Name of the course

Is the course: Full-time

When did the course start?

When will it end?

Part-time

Please detail any loans or grants associated with this course

What was your partner's previous address?

Postcode

What was their status at their previous property? (e.g. were they the owner?)

What date did they move into your property?

If a partner has moved in:

Is the partner who is moving in working for an employer?

Yes No

Is the partner who is moving in self-employed?

Yes No

Is the partner who is moving in getting any other benefits or waiting to hear about benefits they have claimed?

Yes No

Does the partner who is moving in have any bank accounts, building society accounts or other savings and investments?

Yes No

Student Status

Are you a student?

Yes No

Name of College/University

Name of the course

Is the course: Full-time

When did the course start?

When will it end?

Part-time

Please detail any loans or grants associated with this course

Child / Children details

You wish to report that there has been a **change in circumstances to a child / children in the property**. You can report if a child in the household has -

- Moved into the property (including the birth of a new baby)
- Moved out of the property
- Passed Away

Please answer the following questions:

For how many children do you need to report a change in circumstance?

Child's surname / family name?

Child's other names?

Child's Gender

What type of change in circumstance do you wish to report for this child?

Is this child a newly born baby?

What date was the baby born?

► Please enter all dates in dd/mm/yyyy format

What was the date the child moved into the property?

What is the child's Date of Birth?

What was the child's previous address?

Postcode

Postcode

Postcode

What is the child's relationship to you?

Is the child registered blind?

Yes No

Yes No

Yes No

Or getting Disability Living Allowance?

Yes No

Yes No

Yes No

If over 15 what date do you think that Child Benefit will end?

Are you or your partner receiving or due to receive child benefit for this child?

Yes No

Yes No

Yes No

If a child has moved out:

Date they left the property?

What is their new address?

Postcode

Postcode

Postcode

Has this in anyway altered the income, or the capital of the household?

Yes No

Yes No

Yes No

If this is due to the death of the child:

Please confirm the date they passed away:

Has this in anyway altered the income, or the capital of the household?

Yes No

Yes No

Yes No

Other adult details

You wish to report that there has been a **change in circumstances to an adult in the property**. You can report if an adult in the household has -

- Moved into the property
- Moved out of the property
- Passed Away

Please answer the following questions:

For how many adults do you need to report a change in circumstance?

Person's surname / family name

Other names

Relationship to you (e.g. son, mother, etc.)

Gender

What type of change in circumstance do you wish to report for this person?

	Person 1	Person 2	Person 3
Person's surname / family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you (e.g. son, mother, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>
What type of change in circumstance do you wish to report for this person?	<input type="text"/>	<input type="text"/>	<input type="text"/>

If an adult has moved out:

Date they moved out of the property?

What is their new address?

	Person 1	Person 2	Person 3
Date they moved out of the property?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their new address?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>

If an adult has died:

The date they died?

	Person 1	Person 2	Person 3
The date they died?	<input type="text"/>	<input type="text"/>	<input type="text"/>

If an adult has moved in:

Date they moved into the property?

Date of Birth

Please tell us their National Insurance number

If they are employed, what is their gross weekly wage before deductions?

How many hours do they work? (Weekly)

Do they pay rent or money for board and lodgings?

How much (a week)?

Do they get Pension Credit, Income Support, Income-based Jobseeker's Allowance or Income-related Employment and Support Allowance?

Which one?

	Person 1	Person 2	Person 3
Date they moved into the property?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please tell us their National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>
If they are employed, what is their gross weekly wage before deductions?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many hours do they work? (Weekly)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay rent or money for board and lodgings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much (a week)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Pension Credit, Income Support, Income-based Jobseeker's Allowance or Income-related Employment and Support Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which one?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other adult details

Please answer the remaining questions regarding the changes in circumstances to adults in the property:

	Person 1	Person 2	Person 3
Are any of these people married or living together as a couple?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Partner's forename(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner's surname / family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they in prison or on remand?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did they go into prison or were held on remand?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they in hospital at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did they go in?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they getting Disability Living Allowance (care)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they Registered Blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they getting Attendance Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they getting any other benefits or allowances	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us which?	<input type="text"/>	<input type="text"/>	<input type="text"/>
If on Youth Training, when will their Training Scheme will end?	<input type="text"/>	<input type="text"/>	<input type="text"/>
If a student, when will their student course end?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please tell us any further details or changes that you think we should know about	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please tell us their previous address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>	Postcode <input type="text"/>

Tenant and boarder details —

You wish to report that there has been a **change in circumstances to tenants and boarders in the property**. You can report if a tenant or boarder in the household has -

- Moved into the property
- Moved out of the property
- Died

Please answer the following questions:

For how many tenants or boarders do you need to report a change in circumstance?

Tenant / Boarder 1

Tenant / Boarder 2

Tenant / Boarder 3

Surname / family name

Other names

What type of change in circumstance do you wish to report for this tenants or boarder?

If a tenant or boarder has moved out:

Date they moved out of the property?

► Please enter all dates in dd/mm/yyyy format

What is their new address?

Postcode

Postcode

Postcode

If a tenant or boarder has passed away:

The date they died?

If a tenant or boarder has moved in:

When did they move in?

How much rent do they pay you each week?

Is heating included? YES or NO

Are any meals included? YES or NO

Are they related to you? YES or NO

If Yes what relation?

Temporary absence

You have indicated that a member of the household will be temporarily absent from the property, we will need to know the reason for this absence, and how long they intend to be away for.

Please note - we will need to contact you to advise how this change will affect your benefit entitlement.

A Benefits Service officer will be in touch after you have submitted this form.

Please answer the following questions:

Tell us who is going to be temporarily absent from the property?

Surname

Other Names

The reason for the absence:

Hospital

Residential care

Prison

Other - Provide details:

From what date will the absence from the property begin?

Do they intend to return to the property?

Yes No

On what date do you think they are likely to return to the property?

Have you or do you intend to let all or part of your property out whilst they are away?

Yes No

Please use this box to provide any extra details regarding the person's absence

Income details

From the answers you have given us you have indicated that there has been a change to the income of someone in your household. Please answer the following questions:

Whose income do you wish to report a change in circumstance for?

The claimant Yes No

A partner Yes No

Another adult in the property Yes No

Claimant	Partner
----------	---------

Is this change due to a change in your earned income from an employer? Yes No

Yes No

Is this a change to the self-employed income? Yes No

Yes No

Is this a change to any other income? Yes No

Yes No

This is any other income you receive. For example - tax credits, a pension or any other State Benefit

Please explain the reason for the change in your income:

Employment affected benefits:

If you are starting work and coming off Jobseeker's or Employment and Support Allowance or vice versa, select **Yes** to *Is this a change to the income earned from working for an employer?* and **Yes** to *Is this a change to any other income?*

*Please note that if you are changing from one income type to another (for example from earned income to receiving benefits or the other way around) you will need to choose **YES** for both of the income questions above.*

Earned Income

Please answer the following questions:

Have you or your partner lost or left the job you have previously told us about when claiming benefit?
 Employer's Name

Claimant

Yes No

Employer's Name

Partner

Yes No

Are you or your partner providing details for a new employer?

Yes No

Yes No

Are you or your partner providing updated details of the job you told us about previously, when claiming benefit?

Yes No

Yes No

From what date did your earned income change?

Kind of work

Employer's Name

Employer's Address

Postcode

Postcode

When did you start this job?

Is your job expected to last more than 5 weeks?

Yes No

Yes No

How long is your job expected to last?

Your wage details

Frequency	Payslip date	Gross pay	Tax	<input type="checkbox"/> National Insurance	Pension	Other Deductions	Net pay

Your partner's wage details

Frequency	Payslip date	Gross pay	Tax	<input type="checkbox"/> National Insurance	Pension	Other Deductions	Net pay

How many hours do you work per week?

What is your current hourly rate?

Do you receive any Bonus, Commission or Tips?

Yes No
 How much? How often?

Yes No
 How much? How often?

Do you or your partner do any other jobs?

Yes No

Yes No

Has there been any change to the income of this job?

Yes No

Yes No

If **Yes**, give details of where you work and what you do (including part time firefighters, members of the territorial Army / reserve forces or voluntary work)

Employer's Name

Employer's Address

Postcode

Postcode

What do you do?

When did you start this job?

How often do you get paid?

How much do you get paid? (Before deductions)

How many hours do you work per week?

Do you receive any Bonus, Commission or Tips?

Yes No
 How much? How often?

Yes No
 How much? How often?

Self-Employment Income

Please answer the following questions:

If you or your partner's self-employed income has changed you will need to fill in a Self-Employment Earnings Form which can be found on the Flintshire Council website: www.flintshire.gov.uk

	<input type="checkbox"/>	<input type="checkbox"/>
Is this a new self employed business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
From what date did your self-employed income change?	<input type="text"/>	<input type="text"/>
	▶ Please enter all dates in dd/mm/yyyy format	
Kind of work	<input type="text"/>	<input type="text"/>
Business Name	<input type="text"/>	<input type="text"/>
Business Address	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
Do you have a business partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many hours do you work per week?	<input type="text"/>	<input type="text"/>
Do you receive any Business Start-up Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What date did you become self-employed?	<input type="text"/>	<input type="text"/>
Total income to your business from trading/sales/services provided (i.e income before any expenses are deducted)	<input type="text"/>	<input type="text"/>
Over what period was the income received?	Start Date <input type="text"/>	<input type="text"/>
	End Date <input type="text"/>	

About your spending

Please answer the following questions:

	Claimant			Partner		
Do you pay any Childcare costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have your Childcare costs changed?	Yes or No <input type="checkbox"/>	How much? <input type="text"/>	How often? <input type="text"/>	Yes or No <input type="checkbox"/>	How much? <input type="text"/>	How often? <input type="text"/>
If yes, from what date?	<input type="text"/>			<input type="text"/>		

Please print and complete the Childcare Costs form on page 42.

	Yes or No	How much?	How often?	Yes or No	How much?	How often?
Do you pay any money towards the upkeep of a student?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Do you pay into a private pension scheme other than through your wages or salary?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Other income

Read the list of other incomes below and tell us about any changes to those you or your partner are getting now or have recently claimed. If you are receiving an income that is not listed below, please tell us about this in the extra space provided on Page 31.

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> ■ Adoption Pay ■ Annuity ■ Attendance Allowance ■ Bereavement Allowance ■ Carer's Allowance (including UE) ■ Child Benefit ■ Child Tax Credit ■ Disability Living Allowance ■ Employment and Support Allowance ■ Fostering or Guardian's Allowance ■ Incapacity Benefit ■ Income Support | <ul style="list-style-type: none"> ■ Industrial Death Benefit ■ Industrial Disablement Benefit ■ Industrial Injuries Disablement Benefit ■ Jobfinders grant or jobmatch payments ■ Jobseekers Allowance (I.B) ■ Jobseekers Allowance (C.B) ■ Maternity / Paternity Allowance ■ Maintenance or child Support payable ■ New Deal top up payments ■ Pension from past employer ■ Pension Guarantee Credit ■ Pension Savings Credit ■ Personal Independence Payment Living & Mobility | <ul style="list-style-type: none"> ■ Redundancy Pay or Payment instead of notice or holiday ■ Severe Disablement Allowance ■ State Retirement Pension ■ Statutory Maternity / Paternity Pay ■ Statutory or other Sick Pay ■ Trust fund ■ Universal Credit ■ War Disablement Pension or Benefit ■ Workbased Training Allowance ■ Widow's or widower's Parents Allowance ■ War Pension or War Widows Pension ■ Working Tax Credit |
|---|--|---|

How many of the above benefits that you are claiming have changed or you are waiting to hear about? We will need to know whether the amount you are receiving for any of these has altered for you and / or your partner. This is true irrespective of whether the income has gone up or gone down. You should inform us of any where you have made a claim and are waiting to hear the outcome.

	Claimant	Partner
Please tell us how many of the above benefits have changed? (You and / or your partner should also include any recently awarded benefits that you / they have not previously notified us of).	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
1. Name of the benefit or pension	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
Date of change / benefit started	<input style="width: 150px; height: 25px;" type="text"/> No longer receiving <input type="checkbox"/>	<input style="width: 150px; height: 25px;" type="text"/> No longer receiving <input type="checkbox"/>
How much is received?	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>
How often do you receive it?	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
By what method?	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
2. Name of the benefit or pension	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
Date of change / benefit started	<input style="width: 150px; height: 25px;" type="text"/> No longer receiving <input type="checkbox"/>	<input style="width: 150px; height: 25px;" type="text"/> No longer receiving <input type="checkbox"/>
How much is received?	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>
How often do you receive it?	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
By what method?	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
3. Name of the benefit or pension	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
Date of change / benefit started	<input style="width: 150px; height: 25px;" type="text"/> No longer receiving <input type="checkbox"/>	<input style="width: 150px; height: 25px;" type="text"/> No longer receiving <input type="checkbox"/>
How much is received?	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>
How often do you receive it?	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
By what method?	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
4. Name of the benefit or pension	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
Date of change / benefit started	<input style="width: 150px; height: 25px;" type="text"/> No longer receiving <input type="checkbox"/>	<input style="width: 150px; height: 25px;" type="text"/> No longer receiving <input type="checkbox"/>
How much is received?	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>
How often do you receive it?	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
By what method?	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>

Other adult income details —

You wish to report that there has been a **change in income to an adult / adults in the property.**

Please answer the following questions:

For how many adults do you need to report a change in income for?

Adult's surname / family name

Other names

Date of Birth

► Please enter all dates in dd/mm/yyyy format

Relationship to you (e.g. son, mother, etc)

What date did their income change?

Is this change due to leaving their job?

Yes No

Yes No

Yes No

Is this change due to a new job?

Yes No

Yes No

Yes No

How long is this job expected to last?

Is this change due a wage change at their current job?

Yes No

Yes No

Yes No

Employer's Name

What is their gross wage - before any deductions?

How many hours do they work? (Weekly)

Interest on savings they get each year. If none write "None"

Do they get Pension Credit, Income Support, JSA or ESA?

Yes No

Yes No

Yes No

Which one?

Any other changes of income you need to tell us about for this person

Capital details

From the answers you have given us you have indicated that there has been a change in capital in your household. Please answer the following questions:

Has there been a change to your capital? Yes No

Has there been a change to your partner's capital? Yes No

	Claimant	Partner
Date of capital change	<input type="text"/> DD/MM/YYYY	<input type="text"/> DD/MM/YYYY
Please tell us why the amount of capital has changed	<input type="text"/>	<input type="text"/>

	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount
Bank & Building society accounts (including current accounts)				
Account 1 (account number, amount)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Account 2 (account number, amount)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Account 3 (account number, amount)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Account 4 (account number, amount)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Account 5 (account number, amount)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Account 6 (account number, amount)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

	Yes <input type="checkbox"/> No <input type="checkbox"/>	Issue Number	Amount Held	Yes <input type="checkbox"/> No <input type="checkbox"/>	Issue Number	Amount Held
National Savings Certificates						
National Savings	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Post Office account	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Premium Bonds	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Bonds	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Unit trusts	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ISAs	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ISAs - Total Value			<input type="text"/>			<input type="text"/>
Total Number of ISAs		<input type="text"/>			<input type="text"/>	

	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount
TESSAs / PEPs		<input type="text"/>		<input type="text"/>
Shares	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Shares 1 - Approximate Value		<input type="text"/>		<input type="text"/>
Name of company the shares are held in		<input type="text"/>		<input type="text"/>
Number of shares held		<input type="text"/>		<input type="text"/>
Shares 2 - Approximate Value		<input type="text"/>		<input type="text"/>
Name of company the shares are held in		<input type="text"/>		<input type="text"/>
Number of shares held		<input type="text"/>		<input type="text"/>

	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount
Cash savings		<input type="text"/>		<input type="text"/>
Other (enter amount and explain below)		<input type="text"/>		<input type="text"/>
		<input type="text"/>		<input type="text"/>

	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount
Do you receive a Second World War Compensation Payment?		<input type="text"/>		<input type="text"/>
Do you receive a vCJD Trust payment?		<input type="text"/>		<input type="text"/>

	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your partner, or any of the children in your household, own or have an interest in any land or property in this country or abroad other than the home you live in?		

Other Property Details

	Claimant	Partner
Address of Second Property	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Current Value of property	<input type="text"/>	<input type="text"/>
Is a mortgage or any other debt secured on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please tell us how much the mortgage is	<input type="text"/>	<input type="text"/>
Does a sick, disabled or elderly relative live in the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does an ex- partner live in the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any dependants still living at the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you let the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, how much rent do you receive per week?	<input type="text"/>	<input type="text"/>
Is the property for sale?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, from what date?	<input type="text"/>	<input type="text"/>

► Please enter all dates in dd/mm/yyyy format

Rent details

You have indicated that there has been a change in your rent at your current address. Please provide us with details below.

Which of the following are you at your current address?

- Housing association or social landlord tenant
- Private tenant
- Council tenant
- Other

Has there been a change to the details of your landlord?

Yes No

Is your landlord an individual or an organisation?

Individual Organisation

Landlord's Company Name?

Landlord's surname / family name?

Landlord's forename?

Address of landlord?

Postcode

Has the rent you pay changed?

Yes No

Why has the rent you pay changed?

Date of rent change?

► Please enter all dates in dd/mm/yyyy format

What is the new amount of rent charged?

Is this a rent increase or decrease

What is the frequency of payment?

Does the Rent you pay include?

General Counselling and Support?

Yes No

Cleaning of rooms and windows

Yes No

Emergency Alarm System

Yes No

Water Rates

Yes No

Council Tax

Yes No

Fuel

Yes No

Heating

Yes No

Lighting

Yes No

Hot Water

Yes No

Laundry

Yes No

Personal Care and Support

Yes No

Gardening

Yes No

Garage

Yes No

TV License

Yes No

Cleaning

Yes No

Meals

Yes No

If Yes How Much?

For which meals? (please choose.)

Breakfast

Lunch

Evening Meal

Rent details

You have indicated that you have changed address and you are liable to pay rent. Please provide us with details below.

Is your home a (please choose one):

- | | | | |
|------------------------|--------------------------|-------------------|--------------------------|
| Detached House | <input type="checkbox"/> | Houseboat | <input type="checkbox"/> |
| Semi-detached House | <input type="checkbox"/> | Flat in Block | <input type="checkbox"/> |
| Terraced House | <input type="checkbox"/> | Flat in House | <input type="checkbox"/> |
| Detached Bungalow | <input type="checkbox"/> | Flat over Shop | <input type="checkbox"/> |
| Semi-detached Bungalow | <input type="checkbox"/> | Maisonette | <input type="checkbox"/> |
| Caravan, Mobile Home | <input type="checkbox"/> | Room(s) or Bedsit | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Please Specify: | <input type="text"/> |

How many floors are in the whole building?

If you rent a flat, maisonette or room, please complete the following section:

What floor(s) is your room/ flat on?

Tell us the number of rooms-

- Living Rooms
- Bedrooms
- Kitchens
- Bathrooms or Shower Rooms
- Separate Toilets
- Bedsits
- Other Rooms

	In the whole property	For you/ your family s sole use	Shared with other people
Living Rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or Shower Rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL ROOMS	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you set aside any of the above rooms for an overnight carer? Yes No Use rooms for whole property for sole use.

Do you have a disabled child that you consider should not share a bedroom with another person? Yes No

Have you or your partner fostered a child or become an approved foster carer in the last 12 months? Yes No

When did your tenancy begin at this address?

Period of tenancy? (for example, 6 months, 12 months)

If 'Other', explain:

Are you or your partner related to your Landlord or Agent? Yes No

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.

If YES what is the relationship? Please explain.

Does your landlord live in the property? Yes No

Do you use your house for business? Yes No

Do you have another home somewhere? Yes No

Are you a joint tenant? Yes No

If YES, what share of the rent do you pay?

Please give the name(s) of the joint tenant(s):

Surname / family name	First name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Rent details

Was the accommodation let-
 Are you behind with your rent? Yes No If yes, how many weeks?

How much rent does your landlord charge?

How often is your rent due?

Do you have a main home somewhere else? Yes No

Do you have any weeks when you do not have to pay rent? Yes No If so how many weeks?

Has your rent been registered as a fair rent by a Rent Officer? Yes No

Is the property centrally heated? Yes No

Do you have a garden? Yes No

Do you have use of a parking space or garage? Yes No

Does the Rent you pay include?

If Yes How Much?

General Counselling, Personal Care and Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Cleaning of rooms and windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Emergency Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Water Rates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Council Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Electricity/ Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Hot Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Any other services? (outline below)

Does your rent include payment for cooked meals? Yes No

If YES what meals are included? *Breakfast* *Lunch* *Dinner*

Your Landlord:

Is your landlord an Organisation or an Individual? Organisation Individual

Organisation Name:

Surname:

Firstname:

Address:

Postcode:

Please give the agent's full name and address (if applicable):

Full Name:

Address:

Postcode:

Child / Children details

You wish to report that there has been a **change in circumstances to a child / children in the property with regards to Free School Meals**. You can report if a child in the household has -

- Changed Schools
- Left School

Please answer the following questions:

For how many children do you need to report a change in circumstance?

Child 1	Child 2	Child 3
---------	---------	---------

Child's surname / family name?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Child's other names?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Child's Gender

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

What type of change in circumstance do you wish to report for this child?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

► Please enter all dates in dd/mm/yyyy format

What is the child's Date of Birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Date the child changed / left school?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Please select the child's new school:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Or

What is the child doing now?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

- If you are awarded Council Tax Reduction, we will pay this direct to your Council Tax account.
- If you are awarded Housing Benefit, you may be able to choose where to have your money paid. We can arrange to pay your money:

Payment direct into an account

For your convenience and security we recommend that payment is made direct into your bank/ building society account. You can obtain advice on opening and running an account from any bank or building society of your choice. You can also get independent advice from the Citizens Advice Bureau.

You may be able to use a cash machine, which will usually mean you can get your money at any time of the day or night. You can use most of these machines for free, but some of them will charge you to take your money out. If so, you will be warned by a message on the screen. This will give you the opportunity to cancel your transaction without being charged.

You can check your Housing Benefit payments on your account statements. If you think your payment is wrong, get in touch with the office that pays you.

Part A: Selecting your preferred payment option

for Private Tenants

You agree to be paid direct into an account.

Please complete **Part B** on this page

If there is a reason why you cannot manage your own rent payments we may be able to pay your landlord directly. If so please select this option.

Please print out and complete the extra 'Paying LHA Direct to your Landlord' form on page 38.

for Housing Association Tenants

You agree to be paid direct into an account.

Please complete **Part B** on this page

You would like payment to be made direct to your landlord.

Part B: Account Details

Please provide details of your account below:

Bank / Building Society Name

Branch

Account Holder Name(s)

Account Number

Roll Number (Building Society only)

Sortcode

Ref:

You should print and complete this form by hand as you have told us you don't want to provide your account details on the electronic form. Please return the completed print out to the address shown below.

Address

Postcode

Please return this completed form to:

Full name

Payment into an account

What name or names is the account in?

Tick one box only to say what type of account you want your money paid into. Then fill in the details of the account.

Bank or building society cheque account or bank deposit account **not a mortgage account**

Name of bank or building society

Branch Sort code

Account number

Type of account - for example, a deposit or current account

Building society savings account **not a cheque or mortgage account**

Name of bank or building society

Account number

Roll number

National Savings Bank investment account **not an ordinary account**

Account number

Please pay any Housing Benefit I may be entitled to by the method I have selected. I understand that once I have selected a payment method, it will not be changed without written instructions.

Date:

Your Signature:

Ref: **Direct Payment to Landlord Form**

You should print and complete this form by hand if you want us to consider paying your benefit straight to your landlord. Please return the completed print out to the address shown at the bottom of the page.

If you want us to pay your benefit straight to your landlord, you must sign this declaration.

Your declaration

Please pay my Housing Benefit straight to my landlord.

- **I understand** that I must always tell you about any change in my circumstances.
- **I understand** that if I do not tell you about any change in my circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit.
- **I understand** that I may be prosecuted if I do not tell you about any change in my circumstances.

Address**Full name****Signature****Date****Your landlord's declaration****Full Name****Company Name****Address**

Postcode

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

- I must tell you straight away if I find out about any change in the tenant's circumstances.
- You can stop paying benefit to me if I do not tell you about any change in the tenant's circumstances.
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to, and
- If you pay me too much Housing Benefit for any tenant, I may have to repay it.
- You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Signature**Date**

Please, print, complete and return this form to:

Sharing information with your landlord could help us deal with your application more quickly and reduce the risk of you falling behind with your rent because of your application being delayed.

We may need to confirm information with your landlord before we can make a decision on your application, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

The law states that we must inform your landlord of certain decisions we make on your application, for example, when a decision is made to pay your benefit to your landlord. Under the Data Protection Act 1998 we need your permission to talk about anything else.

You can withdraw your permission at any time.

It will not affect your application if you do not give us permission to talk about your application with your landlord.

If you give us permission, we would be able to tell your landlord whether:

- you have claimed Housing Benefit, or
- we have made a decision on your application, or
- we need more information to make a decision on your application, and what that information may be.

We will not give your landlord any information about:

- your personal or household circumstances, or
- your financial circumstances

Do you give us permission to share information about the progress of your Housing Benefit application with your landlord or their representative?

No

Yes

Summary

Please review the changes in your circumstance you have told us about. If they are correct, please proceed to the declaration on page 34.

If the details you see are incorrect, please navigate back and re-enter the details for the applicable sections.

Summary

A large, empty rectangular area with a light blue background and a thin black border, intended for providing a summary of the change of circumstances.

The change in your circumstances

Please review the list below and check if you have told us about all of the changes in your circumstance that you know of.

So far on this form, you have told us about the following changes -

You can still tell us about any of the remaining changes in circumstance that apply to you from the list below -

A partner has moved in or moved out of the household
(including the unfortunate death of a partner)

A child / children have moved in or moved out of the household
(including the birth of a new child and death of a dependant)

An adult / adults have moved in or moved out of the household
(including the death of a non-dependant)

A tenant or boarder has moved in or out of the household
(including the death of a tenant or boarder)

A member of the household will be temporarily absent from the property
(for example: a stay in hospital, residential care or prison)

Your income has changed

Your partner's income has changed

The income of someone else in the property has changed

Your capital (savings / investments) has changed

Your partner's capital (savings / investments) has changed

There has been a change to your rent at your current address

Other / none of the above options

Any other information

Please use the space below to tell us any additional information that you think we should know regarding your change in circumstance.

You are at the end of the Change in Circumstances form.

Please now go back through it and check the answers you have given - click on the Show Errors button to highlight any omissions or mistakes you may have made.

Once the form has been checked and is free of errors you should read the important statement below and on the next page regarding any changes you have reported.

Privacy Policy

Flintshire County Council will use the information you give in this form, and any supporting evidence you provide, to process your claim for Housing Benefit and Council Tax Reduction. This is required under Housing Benefit and Council Tax Reduction regulations.

This information will be held securely on our system for a period of 7 years after your claim has been terminated.

Flintshire County Council may pass the information to other agencies or organisations such as the Department for Work and Pensions (D.W.P) and the HM Revenue & Customs (H.M.R.C), as allowed by the law.

Flintshire County Council may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

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

Information received from HMRC and/or DWP that indicate a change of circumstances may result in your benefits being adjusted automatically by our system.

Flintshire County Council will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this.

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights please see our privacy notice on our website - <http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>

Please read the important statement below regarding your change in circumstances.

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 must sign below. In signing the form they are confirming that they have read the form and that all the details about them are correct.

By completing this declaration, you are agreeing that you have read, understood and confirmed your agreement to the following terms.

I / We have declared all of my/our income and capital

I / We authorise the Council to make any enquiries to verify the information on this form and to cross check the information given with other sections within the Council, Benefit Authorities and the Home Office as allowed by law. (Flintshire County Council may be asked to provide, and will share, information to other organisations, such as government departments, local authorities and organisations that lend money, if the law allows this).

If I / We give information that is incorrect or incomplete, or I / We fail to report a change in circumstances which may effect the claim, I / We may be prosecuted under the Social Security Administration Act 1992 (as amended) or the theft act 1968.

I / We **know** I / We must let the Benefit Section at Flintshire County Council, County Hall, Mold, CH7 6NR know **immediately** and in writing of any change in circumstances which may affect the claim. I / We accept that it is our responsibility to do so and that, if unsure of whether a change in circumstances affects the benefits or not, I / We will contact the Benefit Section at Flintshire County Council, County Hall, Mold, CH7 6NR, to check.

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

Claimant / Applicant Confirmation

Check

Sign

Date

Partner / Alternative Applicant Confirmation

Check

Sign

Date

Please tick this box if you agree to receive your Housing Benefit or Council Tax Reduction Notification letters by email

Name:

You should click the **SUBMIT** button to send this form to us once you have checked your answers carefully and checked the box above to declare your agreement and understanding of the declaration statement above.

The Benefits Section may require evidence of these changes, for example proof of wage slips or bank statements. We will contact you if we require these proofs.



Proof Details

Please provide evidence to support the change you have reported. Unless the Council agrees to extend the time limit the evidence must be provided within one calendar month from submitting this form.

Declaration by person completing the form

Tell us why you have filled this form in for the claimant / applicant

Your name

Relationship to claimant / applicant

Name of organisation (if applicable)

Your daytime telephone number (this may help us if we have any queries)

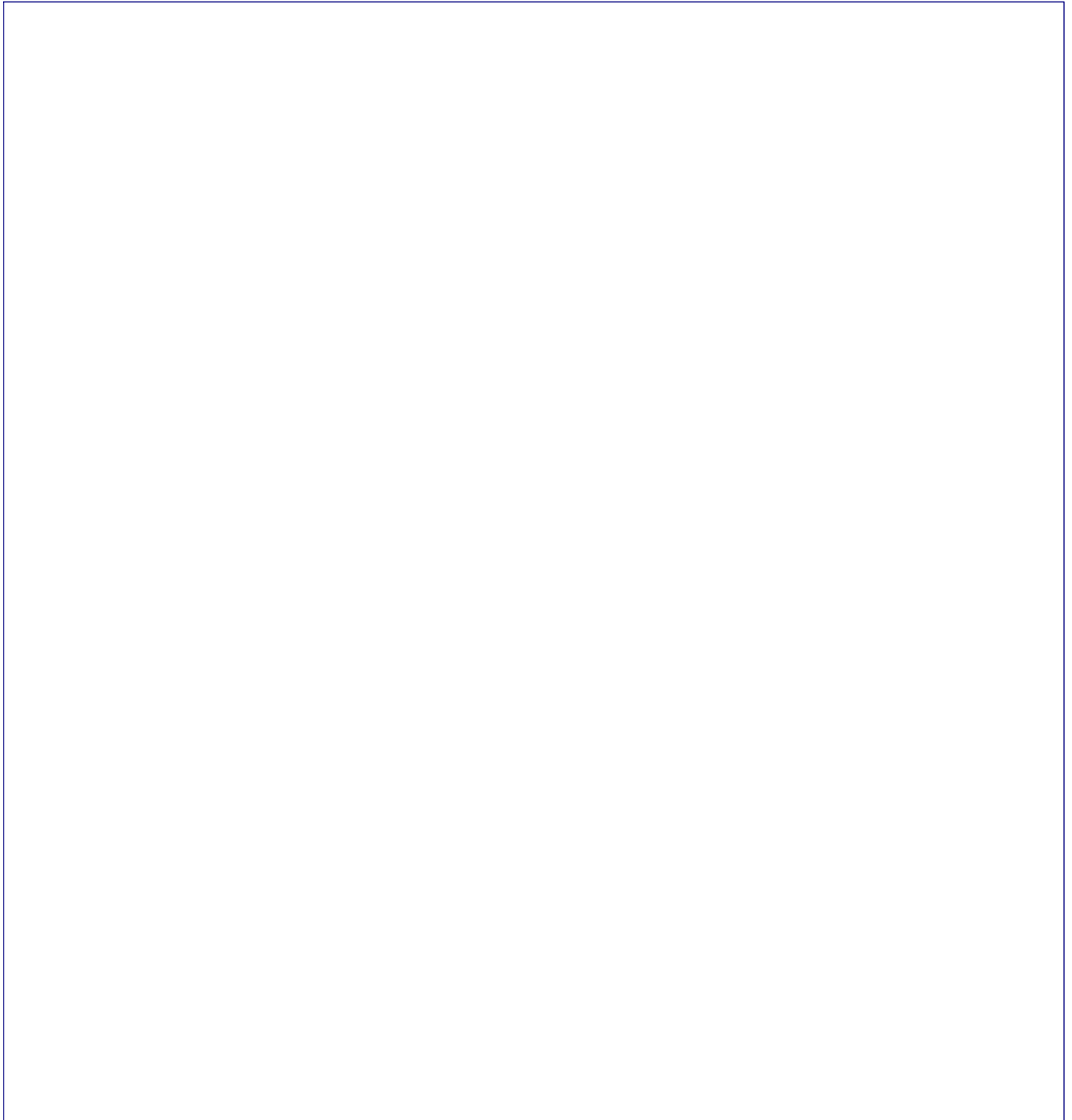
- I have confirmed with the claimant / applicant that the answers I have entered on this form are correct
- I will ensure that the claimant / applicant is aware of the evidence needed to support this claim (see pages 35 / 36 / 37)

I, completing the form on the claimant's / applicant's behalf, agree with the above statements

- **Have you completed the claim form and resolved all errors and omissions?**
- **If required, have you provided additional information on page 32?**
- **Have you submitted your form?**
- **Did you see the on-screen confirmation message that we have received your form?**
- **Have you printed any additional forms that you require?**
- **If you would like a copy of your application, you can use the Create a PDF option.**

We must see proof of the information that you have provided in this claim form. The proof must be supplied within one month of the date you submit your form. You must provide original documents. We cannot accept photocopies, or email attachments.

Once you have submitted your claim, the following list will show the proof that you must provide. More details about what is acceptable is listed on the following pages.



Have you included all the evidence we need to process your claim?

Proof of your National Insurance number

You must send us an original document to confirm your and your partner's National Insurance number.

You can find your National Insurance number on your:

- P45;
- P60;
- Wage or salary slips;
- Tax letter;
- Letters from the Department for Work and Pensions or Pension Service; or
- National insurance card.

Proof of your and your partner's identity

You must prove your and your partner's identity before we can pay you any benefit. You must send us one form of identity as well as proof of your National Insurance number.

Here are some examples of the original documents that we will accept as proof.

- Bank statement (dated within four weeks before the date you make the claim)
- Birth certificate (full or short)
- Certificate of employment in HM Forces
- Certificate of employment in the Merchant Navy
- Divorce or annulment papers
- Driving licence
- Home Office standard acknowledgement letter (SAL 1 or 2)
- Identity card issued by a European Community (EU), or European Economic Area (EEA) member state
- Letter from your solicitor, social worker, probation officer or the Inland Revenue
- Life assurance policies
- Marriage certificate
- Medical card
- Passport (current and valid)
- UK Residence permit
- Utility bill (such as gas or electricity) paid in your name for the last quarter
- Wage slips from current employer

Proof of who lives in your home

For children

- Child Benefit advice letter telling you that child benefit will be paid into your bank account. The advice letter must show the current rates of payment.
- Disability Living Allowance / Personal Independence Payment advice letter informing that payments are credited to a bank account. The advice letter must show the current rates of payment.

For anybody else who lives with you as part of your family (but not a sub-tenant or lodger)

- Wage slips to show their earnings before deductions.
- Proof of any other income they may receive including benefits, private pension details and confirmation of interest they have received from their savings and investments.
- Proof that they are a student, on a government training scheme or an apprentice.

Evidence of income

Benefits and allowances

- The benefit advice letter telling you that benefit will be paid into your bank account.
 - The advice letter must show the current rates of payment.
- Benefit payment card and receipt from a post office showing the amount of the last payment you received.
- Current bank statements showing that the benefit has been paid into your bank account.
- We need to see your letter confirming that you get Working Tax Credit or Child Tax Credit.

Pensions

- The Pension letter.
- Current bank statements showing that the pensions (private or State Retirement Pension) have been paid into your bank account.
- A private or occupational pension advice slip or letter.

Other income

- An award letter if benefit has just been awarded.
- Court order award notices or Child Support Agency letters giving details of maintenance.
- Letters from absent parents confirming maintenance they pay to you if no court order has been made.
- Insurance policy or home income plan details.

You must provide original documents as proof. We do not accept photocopies.

Proof of investments and savings

- Current bank or building society statements (do not forget to include this especially if your wages or benefits are paid into this account). We cannot deal with your claim without these details.
 - The statements must cover at least the last two months.
- Letter from the bank or building society confirming the details of the accounts.
- Documents showing proof of ownership, for example statements showing assets for certificates, bonds, unit trusts, stocks and shares, Premium Bonds, saving certificates and so on.

Proof of earnings**Working for an employer**

- Proof of all earnings including:
 - deductions from earnings for a private pension scheme;
 - deductions from earnings for a superannuation scheme;
 - details of Statutory Sick Pay or Statutory Maternity Pay included in the pay; and
 - details of the number of hours worked.
- Proof of earnings must be one or more of the following.
 - The last five pay slips if you are paid every week
 - The last three pay slips if you are paid every fortnight
 - The last two pay slips if you are paid every month.

If you don't have any of the above, print the certificate of earnings form found at the end of this form (Extra forms). You and your employer must fill in this form and return it to us. If you have just started your job and have not yet been paid, send in a letter from your employer with details of your expected earnings.

If your contributions to your private or occupational pension are shown on your pay slip, we will accept this as proof. If you have made your own arrangements for a private or occupational pension, proof of your contributions must be the latest statement from your pension provider.

Self-employed

If you are self-employed you need to provide audited profit and loss accounts. If you do not yet have any audited accounts you must complete a declaration of self-employed earnings form. In order to estimate your net profit correctly, you will need to supply your sales and purchase ledgers.

As a self-employed person you are required to keep records for HMRC (Inland Revenue Tax Office). A ledger is simply a list of your transactions. These could be recorded in a ledger book, loose papers or on a computer work book. If it is a computer workbook you will need to print this off on paper.

The sales ledger is a ledger that shows all the sales you have made from the work or service you have provided. It is a list of invoices or receipts you have issued to your customer for work done.

The purchase ledger shows all the purchases that have been made associated with the work or service you provided. It is a list of all your expenses.

You will need to supply invoices and receipts for the jobs carried out and all receipts for purchases you made. These should be placed in date order as they appear in the ledgers.

We will take a photo copy of your ledgers and check the receipts against the ledgers to confirm the records are accurate.

If you do not supply this information in the format requested we may not allow any of the expenses.

Proof of rent

If you rent your home from the council, you do not have to provide proof of the rent you have to pay to the council.

If you are renting your home from a private landlord or housing association, you will need to send us one or more of the following as proof.

- Your current tenancy agreement
- Your rent books or receipts and a letter from your landlord or agent confirming the details of your tenancy
- The notice of registration form (RO5), if you have a protected or regulated tenancy

Sub-tenants, boarders and lodgers

If you are renting part of your home to a sub-tenant, boarder or lodger you will need to send us a letter confirming how much you charge and when they moved in. You will also need to send us one of the following as proof that you are being paid rent.

- The tenancy agreement
- The rent books or receipts.

Students

Most full-time students do not qualify for Housing Benefit. By full time we mean more than 16 hours of guided learning each week. The exceptions to this rule include students who are:

- disabled;
- over 60;
- those receiving Child Benefit for their children; or
- under 19 and following a course of further education up to age 19.

You will need to send us original documents to prove your income from loans, grants, bursaries, deed of covenant and so on. The award letter from your education authority is the best proof of student income.

Full-time students are 'disregarded' for Council Tax. This means that they do not have to pay Council Tax. If only full-time students live in your property, you will not have to pay any Council Tax. Please contact your local council's Revenue Services for more details.

You must provide original documents as proof. We do not accept photocopies.

This form should be printed and completed before being returned to us.



Application for payment of Local Housing Allowance direct to your Landlord

What is this form for?

- The Local Housing Allowance (LHA) is normally payable to the tenant.
- However there are special circumstances when we can pay the LHA directly to the landlord.
- The information given in this form will help us to decide if we should pay the LHA directly to the landlord in your case.
- You may not need to complete all the questions in the form but please try to give as much information and evidence as possible

Who should complete this form?

Where possible the tenant should complete the form but it can also be completed by;

- Family or friends
- The main carer
- A support worker
- An advice or welfare agency
- The landlord or letting agent
- A person who works for another service within the Council

The tenant must always sign the form and be fully aware that it may lead to payment of the LHA being paid direct to the landlord.

If the tenant has not signed the form, please explain why in the declaration at the end of the form.

What should be sent with this form?

Written evidence to support the information in this form, this can be from various sources (see information sheet), depending on the person's circumstances, for example:

- Welfare groups
- Social Services
- Department for Works and Pensions (DWP)
- General Practitioner (GP)
- Hospital
- Courts?
- Care workers
- Probation Officers
- The tenants' family and friends
- Landlord or letting agent?

Please note this list is not exhaustive and evidence from other sources may also be accepted.

1 Tenant's name:

Housing Benefit reference no:

2 Tenant's address:

Telephone:

3 Name, address and telephone number of person completing the form - if not tenant.

4 If the tenant is not completing the form please tell us your relationship to the tenant and the reason you are completing the form on his/her behalf.

Details about the tenant's circumstances

5 Tell us about any learning difficulties that may cause you problems in paying your rent.

6 Tell us about any medical conditions or disabilities that may cause you difficulties in paying your rent.

7 Tell us about any mental health problems that may cause you difficulties in paying your rent.

8 Are you dealing with an addiction to drugs, alcohol or gambling? *If yes please give details*

9 Have you had any difficulties managing your affairs because you need help to understand the English language? *If yes please give details.*

10 Have you recently experienced changes in your lifestyle that mean you are temporarily unable to deal with your financial affairs?

11 Do you have rent arrears?

No Yes If **yes**, please tell us:

How much are your arrears?

The period they cover: **From**

To

Details of action your landlord may have to recover the rent arrears:

12 Have you had any previous problems paying your rent?
If yes, please give details.

13 Are you having deductions made from your Income Support or Jobseeker's Allowance to pay rent arrears?

No Yes If **yes**, please provide proof.

14 Do you currently receive any ongoing support from an agency, organisation, friend or family member to help you organise your rent payments and finances?

No Yes If **yes**, please tell us:

Name of person / organisation:

Telephone number:

Address:

Details of help provided:

15 Is there anyone else who can help you to manage your financial affairs?

No Yes If **yes**, please tell us:

Name of person / organisation:

Telephone number:

Address:

16 How long do you think direct payments will need to be made to your landlord?

13 weeks

26 weeks

52 weeks or more

17 Tenant's declaration:

Please sign and date the form below. If you have a partner they should also sign below

- The information given in this form is true and correct
- I agree for my Local Housing Allowance to be paid directly to my landlord, up to the amount of my contractual rent
- I will contact the Housing Benefit department should I feel able to receive my benefit directly
- I have read and understood the declaration

Your signature

Your partner

Date

Please remember to include documentary evidence where possible to support your request

18 Declaration for person completing the form, if not the tenant:

- The information is true and correct.
- I have read and understand the declaration?
- I believe it to be in the best interest of the tenant to pay the Local Housing Allowance, up to the amount of the contractual rent directly to the landlord.

Your signature

Name

Date

Further information

If you would like any help or advice with this form, please

Telephone: 01352 704848. This helpline is open Monday to Friday 8.30am - 5pm.

Email: benefits@flintshire.gov.uk

Visit: Benefit Department, County Hall, Mold. CH7 6NR. Our office for personal visitors is open Monday to Friday 8.30am - 5pm and no appointment is necessary.

PROOF OF CHILD CARE COSTSRef:

To be completed by the childcare provider.

Parent / Guardian Name(s) Parent / Guardian Address Postcode Child Care Provider's Name Business Address Postcode Registration number Telephone number

	Name of Child	Date placed in your care	No. of hours usually in your care (per week)	Gross amount usually charged to parent / guardian	Amount of grant / value of vouchers
1)		/ /			
2)		/ /			
3)		/ /			

School Holidays: If any of the above children are in your care for school holidays only, or for extra hours during school holidays, please clarify:

Payments: Please list below the net amount (**excluding vouchers / grant**) actually charged to the Parent / Guardian during the most recent 14 weeks of childcare.

Week Ending	Amount Charged	Week Ending	Amount Charged

Other Information: If the number of hours of any of the above children are with you alter on a regular basis (other than during school holidays) please explain this:

Signed: Position: Date:

Please return the completed form to:

Last Page

RBV Risk Scores and Unedited Checklist

RBVRC:

RBVRS:

MC:

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Claim ID	Matched Claim ID	Matched Claim Description	Matched Claim Status	Matched Claim Date	Matched Claim Amount	Matched Claim Currency	Matched Claim Type	Matched Claim Category	Matched Claim Sub-Category	Matched Claim Code	Matched Claim Code Description	Matched Claim Code Version	Matched Claim Code Effective Date	Matched Claim Code Expiry Date	Matched Claim Code Status	Matched Claim Code Reason	Matched Claim Code Comment	Matched Claim Code Audit	Matched Claim Code Audit Date	Matched Claim Code Audit User	Matched Claim Code Audit Status	Matched Claim Code Audit Comment	Matched Claim Code Audit Date	Matched Claim Code Audit User	Matched Claim Code Audit Status	Matched Claim Code Audit Comment
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Datapass

Dates used in Summary are converted into a standard format. This page should only be seen in the final back-office PDF.

Form format -

Address change: *date moving*

Ten Board 1: *date died*

Address change: *completion date*

Ten Board 1: *date moved in*

Partner change: *date died*

Ten Board 2: *date moved out*

Partner change: *date moved out*

Ten Board 2: *date died*

Partner change: *DOB*

Ten Board 2: *date moved in*

Partner change: *date moved in*

Ten Board 3: *date moved out*

Dep 1: *date baby born*

Ten Board 3: *date died*

Dep 1: *date child moved in*

Ten Board 3: *date moved in*

Dep 1: *DOB*

Claimant earned: *date income changed*

Dep 1: *date moved out*

Claimant S-E: *date income changed*

Dep 1: *date died*

Claimant other income 1: *date of change*

Dep 2: *date baby born*

Claimant other income 2: *date of change*

Dep 2: *date child moved in*

Claimant other income 3: *date of change*

Dep 2: *DOB*

Claimant other income 4: *date of change*

Dep 2: *date moved out*

Partner earned: *date income changed*

Dep 2: *date died*

Partner S-E: *date income changed*

Dep 3: *date baby born*

Partner other income 1: *date of change*

Dep 3: *date child moved in*

Partner other income 2: *date of change*

Dep 3: *DOB*

Partner other income 3: *date of change*

Dep 3: *date moved out*

Partner other income 4: *date of change*

Dep 3: *date died*

Rent change: *date of change*

Non dep 1: *date moved out*

Other Adult 1 - *Income change DOB*

Non dep 1: *date died*

Other Adult 2 - *Income change DOB*

Non dep 1: *date moved in*

Other Adult 3 - *Income change DOB*

Non dep 1: *DOB*

Tempoary absent start

Non dep 2: *date moved out*

Tempory absent end

Non dep 2: *date died*

Claimant Student start date

Non dep 2: *date moved in*

Claimant Student end date

Non dep 2: *DOB*

Partner Student start date

Non dep 3: *date moved out*

Partner Student end date

Non dep 3: *date died*

Non dep 3: *date moved in*

Non dep 3: *DOB*

Ten Board 1: *date moved out*

Where did you fill in the form?

Advice Centre

Angel Row Contact Centre

Angel Row library using an Easyonline computer

Angel Row library using a standard library computer

A Community centre

Internet cafe or Cyber cafe

Landlords Office

Local Library (Not Angel Row)

At home

Bulwell Riverside Joint Service Centre

Clifton Cornerstone Joint Service Centre

Housing Office

Housing Aid

Mary Potter Joint Service Centre

St Anns Joint Service Centre

Other - Please Specify

- If you are awarded Council Tax Reduction, we will pay this direct to your Council Tax account.
- If you are a Council Tenant, any Housing Benefit entitlement will be paid directly to your rent account
- If you rent from a Housing Association or a Private Landlord, any Housing Benefit entitlement will be paid direct to your bank / building society account

For Private Tenants

How often do you wish to be paid? Every **four** weeks in arrears
 Every **two** weeks in arrears

For Housing Association Tenants

How often do you wish to be paid? Every **four** weeks in arrears
 Every **two** weeks in arrears

Check this box if you would like payments to be made directly to your landlord: *Print out the **Direct Payment to Landlord form** (page 27) and give it to your landlord to sign.*

Angus Council has a 'safeguard' policy to protect tenants whose circumstances may result in them being unable or unlikely to pay their rent to their landlord. In these circumstances we may decide to pay the landlord direct.

If you think this applies to you, please check this box:

Are you currently in arrears with your rent? No
 Yes We will provide you with a form to complete which will help us decide who to pay.

How many weeks are you in arrears?

Account Details

Please provide details of your account below:

Bank / Building Society Name

Branch

Account Holder Name(s)

Account Number Roll Number (Building Society only)

Sortcode

If you do not wish to provide details of your account on this electronic form, you may print out, fill and return the 'Account details' form found on page 26 . If you wish to do this, please check this box:

Case Overview

Form file name:	<input type="text"/>	Current Date	<input type="text"/>
Form data set reference	<input type="text"/>	Date From	<input type="text"/>
Has been E-Signed	<input type="checkbox"/> Date/Time E-Signed <input type="text"/>		
Date/Time Submitted to main server	<input type="text"/>	Data Validation Reference	<input type="text"/>
Date/Time Submitted to external server	<input type="text"/>	Date/Time form Started	<input type="text"/>

Automatic Messaging

Receipt Email Address	<input type="text"/>	Notification Email Address	<input type="text"/>
Receipt Email Subject	<input type="text"/>	Notification Email Subject	<input type="text"/>
Receipt Email Message	<input type="text"/>	Notification Email Message	<input type="text"/>
Mobile Number	<input type="text"/>		

Case Notes

Form History

Form Database

Primary Record ID	<input type="text"/>	Secondary Record ID	<input type="text"/>
Department Name	<input type="text"/>	Form Status	<input type="text"/>
Depart Classification / Priority	<input type="text"/>	Search Field 3	<input type="text"/>
Dept Case Reference	<input type="text"/>		
Date Record Started	<input type="text"/>		
Date Last Modified	<input type="text"/>		

Current User

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	User Record Id	<input type="text"/>
Tel No	<input type="text"/>	Email address	<input type="text"/>		Address	<input type="text"/>	
User Classification	<input type="text"/>						
Portal Username	<input type="text"/>	Expert for this form	<input type="text"/>				

System Data

Pages active with dynamic paging	<input type="text"/>						
Data Locked for Editing	<input type="text"/>	Date of offline forms creation	<input type="text"/>	Enable high-quality print (WDF)	<input type="checkbox"/>		
Type of form - ufx, wdf or txt	<input type="text"/>	If TXT - Optimised for screen-readers	<input type="checkbox"/>	Enable top controls on opening	<input type="checkbox"/>		
Start page for expert users	<input type="text"/>	Print Collation Config	<input type="text"/>				

Form Design Settings

Dynamic paging enabled	<input type="checkbox"/>	Use page titles for page menu	<input type="checkbox"/>	ESigning is available	<input type="checkbox"/>	After ESigning/Submission - go to page No?	<input type="checkbox"/>	TXT form is available	<input type="checkbox"/>
Pages with forced error checking	<input type="text"/>								
Pages that override forced error checking	<input type="text"/>								
Last visible page:	Unregistered users	<input type="text"/>	Registered users:	<input type="text"/>	Expert users:	<input type="text"/>	Override for TXT version	<input type="checkbox"/>	
Default branding file:	<input type="text"/>			e.g. 'UK Revenues & Benefits Branding (1.0)'					
Shared Data Dictionary	<input type="text"/>			e.g. 'Victoria Forms UK Government Data (1.0)'					
HTML pages within WDF	<input type="text"/>			Page no for thumbnail <input type="text"/>					