

For office use only	
Reference number:	
Date claim received	

Name:
Address:

Phone number:

Housing Benefit Change of Address Form

Please complete this form if you are currently receiving Housing Benefit/Council Tax Benefit and the only change to report is a change of address.

If there have been any other changes to your income, capital or household please request a BAU1 form

Details about you and your partner:

	You	Your partner
Surname:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
First names:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Date of birth:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
National insurance no:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Details about your old address:

	You	Your partner
What was your previous address?:	<input style="width: 90%; height: 60px;" type="text"/>	<input style="width: 90%; height: 60px;" type="text"/>
What date did you leave this address?:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Details about your tenancy:

Which of the following are you? Rent from a private Landlord Housing association tenant (including Pennine 2000)

Living in board and Lodging or hostel Housing association shared ownership tenant

None of the above Please describe below:

Actual date that you moved in to the property

Do you have a joint tenancy (not including with your partner)? Yes No

If 'yes' please give us the names of your joint tenants:

We need to know the name and address of the landlord (owner) of the property you live in. We won't accept a 'care of' address. If you pay your rent to an agent, we also need to know the name and address of the agent. Please give full details – a PO box number or bank account number is not enough.

Landlord's name:	<input type="text"/>	Agent's name:	<input type="text"/>
Address and postcode:	<input type="text"/>	Address and postcode:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Phone number:	<input type="text"/>	Phone number:	<input type="text"/>

Are you or your partner related to your landlord or your landlord's partner? Yes No

If 'yes', how are you related?

Are any of your children related to your landlord? Yes No

If 'yes', give the children's full names and what the relationship is:

Have you or your partner previously owned this property? Yes No

If 'yes', on what date did you stop owning the property / /

Are you or your partner a director of your landlord's company? Yes No

Date tenancy started: / /

Length of tenancy: / / Date tenancy due to end: / /

Is your tenancy an assured shorthold tenancy? Yes No

Is there a pre-tenancy determination? Yes No

Has the rent been registered? Yes No

IMPORTANT:

If you delay moving in after your tenancy start date you will lose benefit.

Details about your rent:

Proof: We need to see proof of the rent you pay. For example, your tenancy agreement or letter from your landlord or agent. We cannot accept a photocopy. The proof you send us must show the name and address of your landlord or agent.

What is the full rent you are charged?

 £ :

In joint tenant cases how much are you liable to pay?

 £ :

And how often is it due?

Every week

Every 2 weeks

Every month

Every 4 weeks

other

If other say how often:

Do you have any weeks when you don't pay rent?

Yes

No

If 'yes' please say how many

Number of weeks:

And when they are

Dates:

Is your accommodation

A house? A bungalow? A maisonette? Detached? Semi-detached? Terraced?

A flat? In a block? Over a shop? In a house?

A room A hostel? Other? Please give details:

Or rooms?

Occupancy details

	Living rooms	Bed-rooms	Bedsit rooms	Kitchens	Bath-rooms	Toilets	Other
Total no. of rooms in the property:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No. of rooms you & your family use:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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No of rooms you share with others:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Which floors do you live on?

basement ground first second

Third other

If you live in only one room, where is it in the house?

front centre back

How many floors are there in the whole property?

Facilities:

Is there a central heating system?

Yes

No

Is it furnished?

Fully

Partly

No

Meals:

Do you get breakfasts?

Yes

No

Do you get midday meals?

Yes

No

Do you get evening meals?

Yes

No

Who is responsible for decorating inside your home?

You

Landlord

Are any of the following included in the rent?

Services

Council Tax	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Water rates	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Garage	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Heating	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Hot water	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Cooking facilities	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Lighting	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Cleaning	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Laundry	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Gardening	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Nursing & personal care	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Medical expenses	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Counselling or support	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>
Other (please give details)	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	£ : <input type="text"/>	Do not know	<input type="checkbox"/>

Payment of Housing Benefit

If you rent your own property from a private landlord, your claim will be considered under the Local Housing Allowance. Payments of Housing Benefit under this scheme will be made to you, directly into your bank account. If there is any reason why you would be unable to manage your own rent payments, or you do not have a bank account, please call into the Benefits Assessment Unit and speak to an advisor or contact us on 0845-245-8000.

All other tenants, please state if you want your Housing Benefit paid directly to your landlord: yes no

Please provide either your own or your landlord's bank details below:

Name of the account holder:

Name of the bank or building society:

Sort code:

Account number:

Roll number:

Sharing information with your landlord

If your Housing Benefit is paid directly to your landlord, the Benefits Assessment Unit will automatically share information about your award with your landlord. We may also contact your landlord if further information about the tenancy is required.

In respect of claims for housing benefit under the Local Housing Allowance rules effective from 7 April 2008 an award of Housing Benefit can only be paid directly to your landlord where you meet certain criteria and vulnerability proven under the Safeguard Policy. It is expected that the majority of awards will be paid directly to tenants. It may also be the case that you do not want your Housing Benefit paid directly to your landlord.

If you are happy for the Benefits Assessment Unit to contact your landlord for further tenancy information or to provide award details then please answer the following statements and sign to say that you give your permission. If you do not give permission then no information will be given or contact made with your landlord.

On no account will personal information in connection with your household, income or capital be provided to any third party without your permission to do so.

I give permission for the Benefits Assessment Unit to provide information to my landlord regarding my Housing Benefit award. This will include the amount of award and payment due date.

Yes No

I give permission for the Benefits Assessment Unit to contact my landlord for further information in connection with my tenancy.

Yes No

Full name (in CAPITALS)	
Address	
Signature	
Date	

Anything else you wish to tell us

Please write below any details you wish to give us that you have not been able to give us elsewhere on this form:

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Declaration: You must fill in this section

WARNING: It is an offence to give false information

Please read this declaration carefully:

- ❖ This is my/our claim for Housing/Council Tax Benefit.
- ❖ I/we declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.
- ❖ I/we authorise the Council to make any necessary enquiries to verify the information on this form.
- ❖ I/we authorise the Council to cross check the information I/we have given with other sections within the council, Rent Officer, other council and benefit services.
- ❖ I/we understand that if I/we give information that is incorrect or incomplete or fail to report any changes that might affect my/our benefit I/we may be prosecuted.
- ❖ I/we understand that I must report in writing any changes in my circumstances.

Your signature:

Date / /

Your partner's signature:

Date / /

Form filled in by someone other than the person claiming

Please tell us why you are filling in this form for claimant

Name of the person who filled in the form:

Signature of person:

Date / /

Relationship to claimant:

If you wish to act as the personal representative of the person claiming benefit in the future, please ring 0845-245-8000 and ask for an appointee form.

Please return to:

BY POST

**Benefits Assessment Unit
PO Box 660
Halifax
HX1 1ZT**

IN PERSON

**Benefits Assessment Unit
Calderdale Council
Northgate Entrance
Princess Buildings
Halifax
HX1 1TP**

If you would like this information in another format or language, please contact 0845-245-8000.