



FOR OFFICIAL USE ONLY	
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HOUSING BENEFIT, COUNCIL TAX BENEFIT -

(For Applicants of Pensionable Age only)

This form should only be completed to advise the Housing Benefit Office of any changes in circumstance or where additional information is required by the Authority.

You must be currently claiming Housing Benefit/Council Tax Benefit and have previously submitted a full application form.

Please enter your name and the address you wish to claim for below:

Your telephone number: Home: Work:

What is your National Insurance Number?

What is your partner's National Insurance Number?

IMPORTANT INFORMATION

YOU MUST RETURN THE FORM PROMPTLY, OTHERWISE YOU MAY LOSE BENEFIT.

If you have moved address the form **MUST** be returned within 4 weeks of moving in. In all other circumstances this form **MUST** be returned within one month.

Documentary proof relating to your specific changes in circumstances must be supplied

ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE AS PROOF -

PHOTOCOPIES ARE NOT ACCEPTABLE .

Are you a (please ✓ relevant box)

Council Tenant	Housing Association Tenant	Private Tenant	Joint Tenant	With Whom	Sub Tenant	Sole Owner	Joint Owner	With Whom	Boarder	Hostel Dweller
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART A

Does your change in circumstances relate to: (please ✓ relevant boxes)

Change of address Number of people resident Income/Capital

1) Change of address

When did you move in?

Please state your previous address

If the change in your circumstances relates only to your change of address and: -

a) You are an owner occupier or Local Authority tenant please complete part C -the declaration

b) You are a private tenant please complete parts B and C

PART A continued

INCOME - Please specify	Applicant £ p	Partner £ p	Frequency of Payment	Official Use Only

Additional Information

Please use the space below to give us any extra information you think may be required:-

PART B

**1) ONLY COMPLETE THIS SECTION IF YOU ARE A PRIVATE TENANT
(THIS INCLUDES SUB-TENANTS, BOARDERS, HOUSING ASSOCIATION TENANTS
OR HOSTEL DWELLERS).**

What is your Landlord's full Name and Address?

 Tel. No:

If an agent acts for the Landlord, please give the name and address of the agent also

 Tel. No:

Are you or your partner related to your landlord/agent? Yes No

If YES, please state relationship.

Is your landlord resident at the address you are claiming benefit for? Yes No

Do you or your partner own, or have either of you ever owned, any part of the property you now occupy? Yes No

Is your Landlord the ex-partner of you or your partner? Yes No

Is the Landlord the parent of a child for whom you or your partner are responsible? Yes No

Is your Landlord a Trust, of whom you or your partner are a trustee or a beneficiary? Yes No

Is your Landlord a Trust, of whom your child or your partner's child is a beneficiary? Yes No

Do you rent the accommodation from a company of which you or your partner are a director or employee? Yes No

Do you occupy the property as a condition of your or your partner's employment? Yes No

What date did your tenancy begin?

What date did you move into the property?

Are you a joint tenant? Yes No

If YES, please give the full name(s) of the other tenant(s).

How much rent are you charged? £

Please state the frequency of payment (weekly, fortnightly, 4 weekly, monthly).

PART B Continued

Are any of the following items included in your rent?

If YES, please state the amount you are charged in the appropriate boxes.

- a) Water Charges YES NO £
- b) Council Tax YES NO £
- c) Heating YES NO £
- d) Lighting YES NO £
- e) Hot Water YES NO £
- f) Cooking YES NO £
- g) Cleaning/Lighting/
 Heating of common areas YES NO £
- h) Lift YES NO £
- i) Porter YES NO £
- j) Laundry YES NO £
- k) Gardening YES NO £
- l) Cleaning YES NO £
- m) Meals YES NO £

If YES, please state which meals are provided

Full Board (at least 3 meals per day) YES NO

Part board YES NO

Breakfast only YES NO

- n) Garage YES NO £
 (Do you have a choice to rent the garage) YES NO

o) Personal and Medical Care YES NO £

p) General Counselling and
 Support Services YES NO £

q) Any other services, please give details

PART B Continued

Excluding most Housing Association tenants the Council will have to ask the Rent Officer to assess a reasonable market rent on which your Housing Benefit will be assessed. In the meantime your benefit will be calculated on an initial/interim figure. You have no right of appeal against this initial/interim figure. The figure may be changed when the Rent Officer's assessment is received. If you disagree with the Rent Officer's decision you have the right of appeal. Any appeal should be made in writing and sent to the Housing Benefit Officer. The decision is normally valid for 12 months.

Number of rooms in the building

(Please complete the following boxes stating the number of rooms in your accommodation).

	TOTAL No. IN THE HOME	FOR YOUR OWN USE	SHARED
Living Rooms			
Bedrooms			
Bed-Sitting Rooms			
Kitchens			
Bathrooms			
Toilets			
Other Rooms (Please Specify)			
Total			

Property Type (Please tick the appropriate box)

HOUSE: Detached Semi-detached Terraced
 BUNGALOW: Detached Semi-detached Terraced
 CARAVAN: Static Tourer Is it connected to mains services? YES NO
 Flat Bedsit Hostel Maisonette

Other (please state)

Location of Flat / Bedsit / Rooms (please tick the appropriate box)

1st floor 2nd floor 3rd floor Ground floor
 Basement Over shop(s) In block In house
 If bedsit/room or flat, is it situated at the Front Centre Rear of building

Number of floors in building

Other information (please tick the appropriate boxes)

Who is responsible for internal decoration? Landlord Tenant
 Is your accommodation? Fully Furnished Part furnished Unfurnished
 Does the accommodation have central heating? YES NO
 Part system Full system

Has a fair rent been registered on your home?

YES NO If YES, please provide the certificate of registration form R05

On what date was your rent last increased?

PART B - Continued

Do you have a Shorthold or Long Term Tenancy?

If Shorthold Tenancy, what is the period of tenancy? (e.g. 6 months/12 months)

Did you apply for a pre-tenancy determination? YES NO

If YES, please state the date of the determination.

PLEASE ENCLOSE YOUR TENANCY AGREEMENT, LANDLORDS CERTIFICATE OF RENT OR, IF APPLICABLE, THE CERTIFICATE OF FAIR RENT REGISTRATIOON, TOGETHER WITH CURRENT RENT BOOK/CARD. PROOF OF RENT MUST BE ENCLOSED. WITHOUT THIS YOUR APPLICATION CANNOT BE PROCESSED.

2) PAYMENT OF HOUSING BENEFIT

PLEASE INDICATE HOW YOU WANT YOUR HOUSING BENEFIT TO BE PAID

Direct to your landlord's Bank/Building Society YES NO (Please ask for additional forms)

Direct to your Bank/Building Society YES NO

Please complete your account details below only if payment is to be made to you

Name and Address of Bank

Bank Sort Code - - Bank Account Number

Account Name

PLEASE SIGN THE DECLARATION OVERLEAF

PART C: CHANGES IN CIRCUMSTANCES

You must notify the Housing Benefit Office immediately in writing of any changes in your Circumstances, e.g. if you or your partner’s income or capital changes; if a person leaves or joins your household; if you or your partner cease to receive Pension Credit-Guarantee Credit/Savings Credit, if you or partner start work.

NOTE: Any changes which could increase your benefit must be reported within one month of the date the change occurs, otherwise they may only be actioned from the Monday following the date which they are reported.

Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you are able. If you have a partner, they must sign this declaration as well.

YOUR DECLARATION

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

I/we Understand the following:

- If I/we give information that is incorrect or incomplete, you may take action against me/us in accordance with the Social Security Act 1992, 1997 and 2000.
- You will use the information I/we have provided to process my/our claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with as many sources as deemed necessary, e.g. within the council, rent offices, and other councils.
- You may use any information I/we have provided in connection with this and any other claim for Social Security benefits that I/we have made or may make. You may give some information to other government organisations, if law allows this.
- I/we know that I/we must advise the Housing Benefit Section immediately in writing about changes in my/our circumstances which might affect my/our claim.
- I/we declare the information I/we have given on this form is correct and complete.
- I/we note that this information will be held in accordance with the Data Protection Act 1998.
- I/we have read and understood the above declaration and agree to abide by these conditions.
- I/we agree to refund Wrexham County Borough Council any overpaid Benefit upon request.

Your signature:

Date: / /

Partners signature:

Date: / /

Phone number:

THE FORM MUST NORMALLY BE SIGNED BY THE APPLICANT AND PARTNER.

IF YOU ARE AN APPOINTEE HOWEVER, YOU MUST PROVIDE PROOF AND SIGN THE FORM AS THE APPLICANT/PARTNER. IF THE APPLICANT/PARTNER IS INCAPABLE OF COMPLETING AND/OR SIGNING THE FORM, ANY THIRD PARTY COMPLETING THE FORM ON THEIR BEHALF MUST TELL US IN THE THE BOX BELOW WHY THEY ARE DOING SO.

Name of the person who filled in the form (BLOCK CAPITALS)

I confirm that the content of this form is accurate as supplied, I have read and understood the above declaration.

Signature of the person who filled in the form.

Relationship to the person claiming Date: / /