

**STRICTLY
CONFIDENTIAL**

DARTFORD
BOROUGH COUNCIL


Sevenoaks
DISTRICT COUNCIL

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

Claim

CHANGE OF CIRCUMSTANCES FOR HOUSING BENEFIT & COUNCIL TAX SUPPORT

Please only use this form if you already receive Housing Benefit or Council Tax Support. If you have not applied before, or your last application ended, you must complete a full application form.

Please read these notes before filling in the form

- | | |
|--|---|
| <p>1. The information you give us on this form is confidential. However we may pass on certain information to the Department for Work and Pensions and other departments of the Council that are legally entitled to it. We may also use the information to prevent and detect fraud.</p> <p>2. Please read the questions carefully before answering, and fill in all parts of the form using black ink.</p> <p>3. If you cannot fill in the form yourself, someone else can do it for you. You must both sign the declarations at the end of the form.</p> <p>4. If you need any help with this form, please visit our offices or phone us. For contact details, please see section 12. In exceptional circumstances, if you cannot leave your home and have no-one who can help you, it may be possible to visit you in your home to help you complete the form and check the proof we need.</p> <p>5. You must tell us about changes of circumstances as soon as they happen. If you delay you may receive</p> | <p>benefit/support which you are not entitled to which will have to be repaid, or you may lose help. If your change of circumstances is beneficial and you do not tell us within 1 calendar month of the change occurring, unless you have good reason for the delay, your Housing Benefit will only be reassessed from the time you actually tell us.</p> <p>6. If your circumstances change after you have filled in this form you must let us know straight away. Examples of things you must tell us about are:</p> <ul style="list-style-type: none"> ■ if you change address ■ if you, or your partner stop getting Income Support/ Income-Based Jobseekers Allowance or Guarantee Credit ■ if you, or your partner, go into hospital ■ if anyone leaves or joins your household ■ if anyone in your household has a change of income <p>Please note these are examples only - if in doubt please tell us anyway. If you telephone you will normally have to confirm your changes in writing.</p> <p>7. The details you give us on this form will be used if you make a claim for a Discretionary Housing Payment.</p> |
|--|---|

This form is available in large print. For a copy please call: 01732 227000
This form can be explained in other languages. Please call: 01732 227000

Please use black ink.

Name:

Address:

..... Postcode:

Phone Number:* Email:*

*You do not have to give your phone number or email address, but it will help us contact you more quickly if you do.

Date of change

1 About yourself and your partner

Please answer all the questions.

Do you have a partner who normally lives with you? Yes No

We use partner to mean:

- a person you are married to or a person you live with as if you are married to them or
- a civil partner or a person you live with as if you are civil partners.

	Yourself	Your Partner
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other:.....	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other:.....
Surname/family name		
First names		
Date of birth	/ /	/ /
National Insurance number		

2 More about you and your partner

Please answer all the questions.

	Yourself	Your Partner
Do you get ESA with support component or long-term rate Incapacity Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Severe Disablement Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered as blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number		
Are you registered as partially sighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number		
Do you get Attendance Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Personal Independence Payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Disability Living Allowance Care Component?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Disability Living Allowance Mobility Component?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone get Carer's Allowance for looking after you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please say who gets it		
Are you unable to work because of illness or disability? (We may ask you for proof)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give the date you became unfit for work	/ /	/ /
Are you in hospital at the moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give the date you went into hospital	/ /	/ /
If yes , please give the date you hope to return home	/ /	/ /

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

3 Money you pay out

Are any of your children cared for by a registered childminder, or any other registered or approved childcare provider, for example a nursery or an after-school club? Yes No

If **yes**, how much do you pay each week? £ : p

Name and address of childcare provider:

.....

.....

Proof: We will need to see evidence of the childcare provider's registration and proof of the payments you make.

Do you or your partner pay anything towards a student grant? Yes No

If **yes**, how much do you pay each week? £ : p

Proof: We will need to see proof of the money you pay out. This may be a **statement of payments** or a **letter from your local education authority**.

4 About your income (not earnings or savings)

Do you or your partner get any pensions, benefits, allowances or other income (not earnings)?
Yourself: Yes No / Your Partner: Yes No

If **no**, please go to section 5.

If **yes**, please fill in the boxes to show how much you and/or your partner get, how often (weekly, monthly, every 4 weeks), how you are paid (direct into bank or building society) and when the income started. Please give the gross (before any deductions) income you are entitled to.

Proof: Please send us proof for each pension, allowance or other income that you or your partner get. This may be **bank statements showing the amount received, award letters or payment slips**. We will photocopy these documents and return them to you immediately. If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

	Yourself				Your Partner			
	When did it start?	Amount £ : p	How often is it paid?	How is it paid?	When did it start?	Amount £ : p	How often is it paid?	How is it paid?
Pensions								
State Retirement Pension		:				:		
Occupational Pension		:				:		
Name of Employer								
(Date you expect next increase)	/		/		/		/	
Private Pension		:				:		
Widowed Mother's Allowance or Widowed Parent's Allowance		:				:		
Widow's Allowance, Widow's Pension or Bereavement Allowance		:				:		
War Widow's or Dependant's Pension		:				:		
War Disablement Pension		:				:		
Industrial Disablement Pension		:				:		
Benefits and Allowances								
Guarantee Credit - Pension Credit		:				:		
Income Support		:				:		

Continued overleaf

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

About your income (continued)

	Yourself				Your Partner			
	When did it start?	Amount £ : p	How often is it paid?	How is it paid?	When did it start?	Amount £ : p	How often is it paid?	How is it paid?
Benefits and Allowances								
Income-based Jobseeker's Allowance		:				:		
Contribution-based Jobseeker's Allowance		:				:		
Employment & Support Allowance (IR)		:				:		
Employment & Support Allowance (C)		:				:		
Incapacity Benefit		:				:		
Savings Credit - Pension Credit		:				:		
Universal Credit		:				:		
Child Benefit		:				:		
Working Tax Credit (please provide the full award letter)		:				:		
Child Tax Credit (please provide the full award letter)		:				:		
Attendance Allowance		:				:		
Disability Living Allowance: Care		:				:		
Disability Living Allowance: Mobility		:				:		
Personal Independence Payment - Daily living		:				:		
Personal Independence Payment - Mobility		:				:		
Armed Forces Independence Payment		:				:		
Carer's Allowance		:				:		
Employment Training Allowance		:				:		
Exceptionally Severe Disablement Allowance		:				:		
Severe Disablement Allowance		:				:		
Industrial Disablement Benefit		:				:		

Other Income

Proof: Maintenance - please provide the **original court order notice or Child Support Agency notification** with current evidence of the payments you receive. This may be a **bank statement or a letter from the absent parent/partner** confirming the amount they pay.

Student Grants and Loans - please provide the **original award notifications**.

We will photocopy these documents and return them to you immediately. If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

Income from MFET ("Eileen Trust"), The MacFarlane Trusts, Independent Living Funds and the Skipton Fund does not need to be declared.

	Yourself				Your Partner			
	When did it start?	Amount £ : p	How often is it paid?	How is it paid?	When did it start?	Amount £ : p	How often is it paid?	How is it paid?
Maternity Allowance		:				:		
Fostering Allowance		:				:		
Guardian's Allowance		:				:		
Return to Work Credit		:				:		
Youth Training Scheme payment		:				:		
Maintenance payments you receive (for yourself)		:				:		
Maintenance payments you receive (for a child/children)		:				:		
Student Grant		:				:		
Student Loan		:				:		

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

Other income (continued)

	Yourself				Your Partner			
	When did it start?	Amount £ : p	How often is it paid?	How is it paid?	When did it start?	Amount £ : p	How often is it paid?	How is it paid?
Access Fund Payments		:				:		
Payments from boarders		:				:		
Rent received		:				:		
Payments from charities		:				:		
Home Income Plan (Annuity)		:				:		
Private Pension (Annuity)		:				:		
Any other income		:				:		
please give details:								

Are you or your partner waiting to hear about any pension, benefit, allowance or other income listed in this section?

Yes No

If **yes**, please give details below

Name of benefit or other income	
Who is claiming this?	
Date it was applied for	/ /

Is any of the above income for you or your partner subject to regular increase?

Yes No

Income subject to regular increase	
Date next increase due	/ /

Please use the tear off form Confirmation of Benefit at the end of this form (if applicable) for proof of type of benefit you/partner are receiving.

Please tell us immediately if you stop receiving any benefits, allowances or other income. You must also tell us immediately if you start to get any other benefits, allowances or other income.

5 Where do you work and what do you earn?

Do you or your partner have any work, paid or otherwise? (This includes self-employment and voluntary work)

Yourself: Yes No / Your Partner: Yes No

If **yes**, please fill in this section if you are employed by someone else. If you are self-employed please complete section 5a and fill in a self-employed earnings form. If you have not been sent this form, please contact us immediately. If **no**, please go to section 6.

Proof: We need **your last 5 payslips if you are paid weekly**, or **your last 2 payslips if you are paid monthly**. If you do not have the necessary payslips, or your payslips do not show us what we need to know, your employer will need to fill out a **certificate of earnings**. If necessary we will need to contact your employer to confirm the details supplied. If your wages vary please send your last 8 payslips if you are paid weekly and the last 3 payslips if you are paid monthly.

	Yourself	Your Partner
How many jobs do you have?		
Name and address of your main employer (Head Office)		

Continued overleaf

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

Where do you work and what do you earn? (Continued)

Date you started work	/ /		/ /	
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/ /		/ /	
How are you paid? For example cash, cheque, bank credit				
	Amount	How often	Amount	How often
	£ p		£ p	
Pay before deductions	:		:	
Bonus, commission or tips not included in your pay	:		:	
Do you receive Luncheon Vouchers?	:		:	
What date do you expect your next pay increase?	/ /		/ /	
If you are getting Statutory Sick Pay, what date did it start?	/ /		/ /	
If you are getting Statutory Maternity/Paternity Pay, what date will it end?	/ /		/ /	
If you are getting Statutory Adoption Pay, what date did it start?	/ /		/ /	
Do you contribute to a personal pension plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , how much do you pay?	£	:	£	:
How often?		p		p

Please provide proof that you are a member of the scheme and evidence of how much you pay.

Do you or your partner do any other work, paid or otherwise?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of your employer (Head Office)				
Date you started work	/ /		/ /	
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/ /		/ /	
How are you paid? For example cash, cheque, bank credit				
	Amount	How often	Amount	How often
	£ p		£ p	
Pay before deductions	:		:	
Bonus, commission or tips not included in your pay	:		:	
What date do you expect your next pay increase?				

Please use the tear off form Certificate of Earned Income at the end of this form for proof of any earned income for you/partner.

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

5a Self Employed

	Yourself	Your Partner
Are you or your partner self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is self-employment your only employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a partner of the business? (If yes , we need to see your partnership agreement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Director of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of work do you do?		
How many hours do you work per week ?		
Please give your business address		
Do you contribute to a personal pension plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , how much do you pay?	£ : p	£ : p
How often?		

Please provide proof that you are a member of the scheme and evidence of how much you pay

Do you get a business allowance or government grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have prepared accounts for the last financial year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **yes**, please return them with this form. If **no**, you will need to complete a Self-Employed Earnings Certificate. Please contact Benefit Services if you have not been sent one with this form.

You must tell us if you start or stop work after you have sent in this form. You must also tell us if there is a change in the number of hours you work or the amount of money you earn.

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

6 About your savings, investments and accounts

You must declare all your savings, investments and details of all accounts even if they are overdrawn.

Please fill in all the sections below.

Proof: Please provide original bank statements showing the last **2 months'** transactions, **pass-books or certificates** for all accounts, bonds or other investments which you and/or your partner have. We will photocopy these and return them to you immediately. If you do not have the documents to hand, send in what you have now and send the other information within 1 calendar month.

Please ensure you put the totals for each account below.

	Yourself	Your Partner
Do you have Current Accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give the name of the bank or building society or post office or giro account.	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have Deposit Accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give the name of the bank or building society or post office or giro account.	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have TESSAs, PEPS, or ISAs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give the name of the bank or building society or company	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have National Savings Certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give Issue number or type (say if they are index linked) or the name of the company	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have National Savings Bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give Issue number or type (say if they are index linked) or the name of the company	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have Unit Trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give name of Company or Investment Fund and Issue number or type	How many?	How many?
	1	1
	2	2
	3	3
	4	4

Please check that you have entered totals for each account.

Continued overleaf

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

Do you have Shares?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give name of Company or Investment Fund and Issue number or type	How many?	How many?
	1	1
	2	2
	3	3
	4	4
Premium Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes , total value £ :	If yes , total value £ :
Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes , total value £ :	If yes , total value £ :
Savings in cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes , total value £ :	If yes , total value £ :
Any other investments - please give details		

Property or land. (Do not count the place where you live).		
Do you own or jointly own any other property or land?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give details including address.		
Have you sold a property within the last 12 months? (We may contact you for more information.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have savings, investments and accounts which total over £16,000 you will not normally be entitled to Housing Benefit or Council Tax Support.

Please make sure that you have entered individual details of all savings and investments

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

7 About sub-tenants, boarders and lodgers

(Anyone who lives with you and pays rent, but is not a close relative. A close relative is a parent, step-parent, parent-in-law, brother, sister, son, son-in-law, daughter, daughter-in-law, stepson, step-daughter or partner of any of the above.)

Is there anyone else living with you who you have not mentioned on this form? Yes No

If **no**, please go to section 8. If **yes**, please give their details below.

Proof: We need proof of the amount of rent you get each week. This may be the **rent book**, or a **letter from your boarder/lodger/sub-tenant** confirming the amount they pay and what is included in their rent.

	1st Person	2nd Person	3rd Person	4th Person
Surname				
First Names	_____	_____	_____	_____
Relationship to you				
Date of Birth	/ /	/ /	/ /	/ /
Date they moved in	/ /	/ /	/ /	/ /
How much rent do they pay each week?	£ : p	£ : p	£ : p	£ : p
Does the rent cover heating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the rent cover meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8 Other changes in circumstances

Have there been any other changes in your circumstances, for example changes to your household or your rent? Yes No

If **yes**, please go to section 9. If **no**, please sign below and then go to section 10.

I confirm that the only change in my circumstances is Income Support, Jobseekers Allowance (income based), Employment & Support Allowance (IR) or Guarantee Credit ending.

Signature: Date:

9 Details of other changes in circumstances

The following changes in my circumstances have also occurred (please list below):

.....

.....

.....

.....

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.....

.....

Signature: Date:

Please also sign the Declaration on the opposite page

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

10 Declaration

YOUR DECLARATION

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

Warning: If you provide false statements, information or documents to support your application or you continue to receive benefit or support when you knowingly fail to tell us about relevant changes of circumstances which happen after the date you make your claim, you will be guilty of an offence and may be prosecuted.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my application for Housing Benefit and/or Council Tax Support. You may check some of the information with other sources within the Council, rent offices and other councils.
- You may use any information I have provided in connection with this application and any claim for Social Security benefits that I have made or may make. You may give information to other organisations if the law allows this.

I know that I must let Benefit Services (“us”) know about any changes in my circumstances which may affect my application.

I declare that the information I have given on the form is correct and complete

Signature of applicant:

Date:

If this form has been filled in by someone other than the person claiming please tell us why you have filled in this form for someone else.

Name of the person who filled in the form:

Relationship to the claimant:

Signature of person who filled in the form:

Date:

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

11 Important information

Please note you will need to provide proof of the changes you have reported and your benefit/support may be suspended until we are able to assess your new details.

If you do not have all the proof we need, still send your claim form immediately. Send in the documents you have to hand now, make a note of what else is required and let us have this proof as soon as possible and within 1 calendar month.

* We cannot assess your entitlement without the necessary proof. If you cannot give us the proof within 1 calendar month of sending this form, you must let us know straight away or you may lose benefit/support.

You may send your form or documents to Benefit Services or bring them to the Council Offices, Argyle Road, Sevenoaks, to Civic Centre, Home Gardens, Dartford or to one of our local offices at Edenbridge, Hartley or Swanley (see below for details).

If you send documents to us by post, we will not be responsible if they are lost in the postal system.

Please make sure everything you send us has your name and address on it.

*Please use the Certificate of Earned Income Form on page 13.

12 What to do now

Check that you have fully completed the form in black ink, and provided as much proof as you can. Remember we cannot assess your entitlement without the necessary proof.

Send to or hand it in at:

Dartford Borough Council

Civic Centre, Home Gardens
Dartford
Kent
DA1 1DR

Tel: (01322) 343705

Fax: (01322) 343968

Email: benefits@dartford.gov.uk

DX: 142726 DARTFORD 7

Web: www.dartford.gov.uk

Main Office – Civic Centre, Dartford
Monday to Thursday – 8:45am to 5:15pm
Friday – 8:45am to 4:45pm

Sevenoaks District Council

PO Box 102, Argyle Road
Sevenoaks
Kent
TN13 1GT

Tel: (01732) 227000

Fax: (01732) 743052

Email: benefits@sevenoaks.gov.uk

DX: 30006 Sevenoaks

Web: www.sevenoaks.gov.uk

Main Office – Argyle Road, Sevenoaks
Monday to Wednesday – 8:45am to 5:00pm
Thursday – 9:30am to 5:00pm
Friday – 8:45am to 4:45pm

Or you may wish to hand in your form at one of the following local offices:

Edenbridge – the Leisure Centre
Benefits Surgery: Thu – 1:30pm to 4:00pm

Swanley Link - London Road
Mon to Fri - 9:00am to 6:00pm, Sat - 9:00am to 4:00pm
Benefits Surgery: Mon & Wed – 9:30am to 12:30pm
Hartley – at the Library on Ash Road
Benefits Surgery: Wednesday – 2:00pm to 4:00pm

Please choose whichever location you prefer as we can now deal with enquiries or receive documents for both Councils at any of the contact points listed above.

**STRICTLY
CONFIDENTIAL**



Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

Certificate of Earned Income

To be completed by employee

Name:

Address:

..... Postcode:.....

Employee/Works Number:

Occupation: National Insurance Number:.....

Signature:

To be completed by employer

Notes for employer: Please assist your employee by confirming the details above, providing the information requested below and returning this form to one of the addresses overleaf. If you are unable to complete the details quickly, tell your employee in order that they can return their claim form to the Council, without delay. If you hold a National Insurance number (NINO) which is different to that shown above, please insert it here:.....

Date Employment Commenced:

Date of last pay increase:..... Date of next pay increase:.....

Please indicate how often the Employee is paid, if "Other" applies please give details.

Weekly Fortnightly 4-Weekly Calendar monthly

Other:

Normal basic pay:

Please indicate the method of payment eg cash, cheque, direct into a bank account:

Normal hours worked per week:

Is Tax Credit included in the employee's wages? Yes No

Pay details for the last 5 weekly, 3 fortnightly, 2 monthly or 4 weekly periods (including overtime, bonus, SSP, SMP etc). If statutory sick pay or maternity pay is included in the gross pay please indicate clearly which and how much.

Date Paid	Tax Week	No of hours	Gross Pay	National Insurance		Occupational or private pension contributions	Tax paid by employee	
				This period	YTD		This Period	YTD

Name:
 Name of business:
 Business address:
 Postcode:

Business Telephone Number:

I confirm that the information given is true and complete.

Signature:

Position Held:

Date:

Company stamp/letterhead

This information must be endorsed with company authorisation stamp or a covering letter on company letterhead.

Estimated Earnings

Payslips will be required once the employee has been paid.

Please complete this section if your employee has just started work and had not worked for five weeks.

Are the earnings likely to vary? Yes No

Please estimate what your employee is likely to earn and state the frequency of the payment.

Weekly Fortnightly 4-Weekly Calendar monthly

Other:

Tax Week	No of hours	Gross Pay	National Insurance	Occupational or private pension contributions	Tax paid by employee

Once completed, please return this form to one of the following addresses:

Dartford Borough Council

Civic Centre, Home Gardens
 Dartford
 Kent DA1 1DR

Tel: (01322) 343705

Fax: (01322) 343968

Email: benefits@dartford.gov.uk

DX: 142726 DARTFORD 7

Web: www.dartford.gov.uk

Main Office – Civic Centre, Dartford
 Monday to Thursday – 8:45am to 5:15pm
 Friday – 8:45am to 4:45pm

Sevenoaks District Council

PO Box 102, Argyle Road
 Sevenoaks
 Kent TN13 1GT

Tel: (01732) 227000

Fax: (01732) 743052

Email: benefits@sevenoaks.gov.uk

DX: 30006 Sevenoaks

Web: www.sevenoaks.gov.uk

Main Office – Argyle Road, Sevenoaks
 Monday to Wednesday – 8:45am to 5:00pm
 Thursday – 9:30am to 5:00pm
 Friday – 8:45am to 4:45pm

Or you may wish to hand in your form at one of the following local offices:

Edenbridge – the Leisure Centre
Benefits Surgery: Thu – 1:30pm to 4:00pm

Swanley Link - London Road
Mon to Fri - 9:00am to 6:00pm, Sat - 9:00am to 4:00pm
Benefits Surgery: Mon & Wed – 9:30am to 12:30pm

Hartley – at the Library on Ash Road
Benefits Surgery: Wednesday – 2:00pm to 4:00pm

Please choose whichever location you prefer as we can now deal with enquiries or receive documents for both Councils at any of the contact points listed above.

