

Housing Benefit and Council Tax Reduction - Change of Income Form

About you and your household

Forename:	Surname:
Date of Birth:	National Insurance Number:
Address	
Postcode:	
Contact No:	Mobile No:

(This may help us deal with your claim quicker)

Claim number :

Claimants details: Registered Blind or Disabled Yes No

Forename:	Surname:		
Date of Birth:	National Insurance Number:		
Address:			
Postcode:	Have you lived in this area before?	Yes	No
Contact No:	Mobile No:		
Nationality:	Date moved to UK (if applicable):		

These people live with me:

Partner	Date of Birth	NI Number	Date moved in?	Are they registered Blind or Disabled

Children (please attach a separate sheet if you need to add more information)	Male or Female	Date of Birth	Is Child Tax Credit Received?	Who receives the Child Benefit	Date moved in?	Are they registered blind or disabled?

Other adults over 16 who nobody gets Child Benefit for? (please attach a separate sheet if you need to add more information)	National Insurance Number	Date of Birth	Student?	Date moved in?	Registered blind or disabled?

Does anyone get carer's allowance for looking after you or your partner? Yes No

Does anyone stay overnight to provide care for you or your partner? Yes No

Are any of the other adults over 16 related to you, or each other? If so, who? **Relationship:**

Is related to	
Is related to	

Part 2

If you are applying/reapplying for Income Support / Job Seekers Allowance (income based) / Employment Support Allowance (income related), please confirm this in writing and clarify all other income to the household in the meantime (if you haven't applied/reapplied please go straight to part 3):

I/We are applying/reapplying for:

Date I/We applied/reapplied:

Income receiving whilst waiting for Income Support / Job Seekers Allowance (income based) / Employment Support Allowance (income related) to be awarded:

Received by:	Source/Type of Income, i.e. Tax Credits, Child benefit etc	Amount	Frequency (Monthly, weekly?)

Part 3

The household has the following money coming in or is waiting to hear about it:

Received by:	Source/Type of Income	Amount	Frequency (Monthly, weekly?)	What date did this work start?	Is the job expected to last for 5 weeks or more?

If applicable:

Employer:	Employers Address:	Hourly rate of pay:	Hours per week:

The household has the following bank accounts and/or savings:

(Please include Premium Bonds, National Savings Certificates, Stocks, Shares, Bonds, Unit Trusts, any other savings and investments)

Name on Account	Name of Bank/Building Society	Current or Savings account	A/C number	Sort Code	Balance/Value

Other property or land owned or in trust in this country or abroad with or without mortgage outstanding:

Claimant/partner	
Others	

I or my partner pays the following expenses:

Child Care Costs	£	Frequency	
Private Pension contributions	£	Frequency	

Declaration

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

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

- I/We have declared **all** of my/our income and capital
- I/We authorise the Council to make any enquiries to verify the information given with other sections within the Council, Benefit Authorities and the Home Office as allowed by law.
- **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 to check.
- 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 declare** the information I/We have given on this form is correct and complete.

Signature of Applicant 1

Date

Full name (print in capital letters)

Signature of Applicant 2

Date

Full name (print in capital letters)

If the form has been filled in by someone other than the person claiming – please tell us why you are filling in this form for the person claiming