

## Housing Benefit & Council Tax Reduction Scheme Change of Income Form

### Part 1 - Personal Details

First name

You

Your partner

Surname



Full Postal address

  
  
  
  

Postcode

  
  
  
  

Postcode

Tel. No.



National Insurance Number

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Are you:

- an owner occupier?
- a council tenant?

- a private tenant?

### Part 2 - Household Composition

Please list the names of everyone who lives with you. If no one else is living in the property, write 'none' below.

Name	Relationship to you	Date of Birth	Income received	Child Benefit paid to you?
		/ /	£	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 <input type="checkbox"/> Yes <input type="checkbox"/>
		/ /	£	No <input type="checkbox"/> Yes <input type="checkbox"/>
		/ /	£	No <input type="checkbox"/> Yes <input type="checkbox"/>

If there have been any changes to the Household since last time you contacted the Benefit Office, please give dates and full details below:

Do you pay any child minding costs? No  Yes

If YES please provide proof of the minders name, registration number and amount paid.

Please provide proof of all income received by everyone who lives in your household or any child benefit payment.

## Part 3 - Earned income

Do you or your partner work for an employer?

No  Go to **Part 4**

Yes  Answer the questions on this page. If you have more than one job please give details on a separate piece of paper.

If you are sending a separate piece of paper, tick this box

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid	Every <input type="text"/>	Every <input type="text"/>
How much do you get paid? Please include details of any overtime, bonuses, commission or tips	£ <input type="text"/>	£ <input type="text"/>
	When is your next pay rise?	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Do you pay into a private or a company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much
	£ <input type="text"/>	£ <input type="text"/>
	Every <input type="text"/>	Every <input type="text"/>

Please supply your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks or your last 2 payslips if you are paid every month. Hand written payslips are not acceptable. If you do not have any payslips, or it is a new job, your employers can complete a form that we can provide. The payslips provided must show full details of the pay you receive including gross pay and any deductions for tax, National Insurance and pension.

## Part 4 - Self employed income or director of a limited company

Are you or your partner a director of a limited company? No  Yes

Are you or your partner self-employed? No  Go to **Part 5**

Yes  Answer the questions on this page. You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other proof of your income. Please ask us for a form.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the business address?	<input type="text"/> <input type="text"/> <input type="text"/> <b>Postcode</b> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <b>Postcode</b> <input type="text"/>
Are there any other partners in the business?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address <input type="text"/> <input type="text"/> <input type="text"/> <b>Postcode</b> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address <input type="text"/> <input type="text"/> <input type="text"/> <b>Postcode</b> <input type="text"/>
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
Do you get a Business Start-Up Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> <b>How often?</b> Every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> <b>How often?</b> Every <input type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> <b>How often?</b> Every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> <b>How often?</b> Every <input type="text"/>

Please send in proof of any pension scheme you pay into.

## Part 5 - Capital savings and investments

**Do you or your partner have any capital, savings or investments?**

This includes current accounts with a bank or building society, post office accounts, premium bonds or stocks and shares.

No  Go to **Part 6**

Yes  Answer the questions on this page.

Please supply statements covering at least the last 2 months, even if the account is overdrawn. A simple balance statement is not enough.

Only original documents are acceptable.

**Do you or your partner have any bank accounts?**

**You**

**Your partner**

No  Yes

No  Yes

**Name of bank(s)**

1

1

2

2

**Account number(s)**

1

1

2

2

**How much is in the account(s)?**

1 - £

1 - £

2- £

2- £

**Do you or your partner have any building society accounts?**

No  Yes

No  Yes

**Name of building society(s)**

1

1

2

2

**Account number(s)**

1

1

2

2

**How much is in the account(s)?**

1 - £

1 - £

2- £

2- £

**Do you or your partner have any post office accounts?**

No  Yes

No  Yes

**Type of account(s)**

1

1

2

2

**Account number(s)**

1

1

2

2

**How much is in the account(s)?**

1 - £

1 - £

2- £

2- £

## Part 5 - Capital savings and investments - continued

	<b>You</b>	<b>Your partner</b>
<b>Do you or your partner have any premium bonds?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
<b>Do you or your partner have any National Savings Certificates?</b> Please supply the relevant certificates.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>1 Issue number</b>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<b>2 Issue number</b>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<b>1 No of units</b>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
<b>2 No of units</b>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
<b>Do you or your partner have any stocks, shares, bonds or unit trusts?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>1 Name of company</b>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<b>2 Name of company</b>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
	Please supply the relevant certificates or bond documents.	
<b>1 No of units</b>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
<b>2 No of units</b>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
<b>Do you or your partner have any other capital, savings or investments?</b> For example PEP's, TESSA's or ISA's Please provide proof	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	<input style="width: 450px; height: 80px;" type="text"/>	
<b>Do you or your partner own or partly own any land or property in this country or abroad other than the home that you live in?</b> For example a holiday home.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Value</b>	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
<b>What is the address?</b> We will write to you for further information	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>
	<b>Postcode</b> <input style="width: 50px;" type="text"/>	<b>Postcode</b> <input style="width: 50px;" type="text"/>

## Part 6 - Incomes and benefits

Are you looking after someone but not getting Carer's Allowance because you get another benefit?

No

Yes

Does anyone get Carer's Allowance for looking after you?

No

Yes

Do you or your partner receive any benefits, allowances or income?

No  Go to **Part 7**

Yes  Please complete this section

Who receives	Type of income	Amount	How often i.e. weekly, monthly etc
		£	
		£	
		£	
		£	
		£	
		£	

Please supply evidence of all income you receive.

If you or your partner have claimed benefit but not heard, tell us here.

Who claimed	Type of benefit

## Part 7 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 should sign this declaration as well.

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

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action or financial penalty.
- You will use the information I have provided to process my claim for benefit and the council tax reduction. You may check some of the information with other council departments, rent offices, other councils and government organisations.
- You may use any information I have provided in connection with this and any other claim I have made or may make for state benefits, Hardship Payments or Discretionary Housing Payments. You may give some information to other government organisations, if the law allows this.
- You may also use any information I have provided to keep my, or my partner's, Council Tax account up to date, and to award or remove any relevant discounts.

I know I must let you know about any change in my circumstances (or the circumstances of anyone in my household) which might affect my claim. I know I must let you know about any change as soon as I know about it.

I declare the information I have given on this form is correct and complete and that I have read and understood the declaration above.

Signature of person claiming:

Date:

Partner's signature:

Date:

Under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004, we may have to release the information in this form if we are asked to do so.

However, under the Data Protection Act 1998, your personal information will not be released without your permission, except where the law allows.

By law, we may pass your personal information to other local authorities and government departments and agencies to prevent and detect fraud, corruption, money laundering and other crimes.

**Warning – if you give false information or fail to tell us of changes in your circumstances you may receive a financial penalty under Schedule 3, Local Government Finance Act 1992 or be prosecuted under Social Security Administration Act 1992 or the Fraud Act 2006**

**If this 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 and confirm the person claiming understood and answered all the questions.

Name of the person who filled in this form

Signature of the person

Relationship to the person claiming

Date

## Part 8 About returning the form

Please make sure you have answered all the questions on this form and have provided the proof we need. We will not be able to work out your benefit until we receive this proof. We will usually pay housing benefit from the Monday after we receive your form.

Under the new Council Tax Reduction Scheme, we can award the discount automatically back for a maximum of 3 months from the date you claim, providing you qualify for benefit/reduction for that period.

Please send or take your form to one of the following.

The Benefit Section  
Civic Centre  
Arnot Hill Park  
Arnold  
Nottingham  
NG5 6LU

### Help with the form

If you need any help when filling in the application form, please phone us on 0115 9013970 or visit the Council offices in Arnold.

The Council offices are open from 8.45am to 5.15pm Monday to Thursday, and from 8.45am to 4.45pm on Fridays.

## Part 9 Changes you must tell us about

You must tell us straight away, in writing, if any information in this form changes. If you are not sure whether the change will affect your benefit/reduction, tell us anyway. Tell us yourself, do not rely on someone else (for example, another council department, HM Revenue & Customs, the DWP or other people).

If you do not tell us about changes in your circumstances you may lose benefit/reduction you are entitled to, or you may receive too much benefit/reduction which you will have to pay back. We may also take action against you, including court action or financial penalty.

Example of changes are if:

- you or your partner start or stop getting Income Support, Jobseeker's Allowance or any other state benefit;
- any of your children leave school or their Child Benefit stops;
- anyone (including children, lodgers and subtenants) moves into or out of your home;
- your or your partner's income changes;
- your rent changes; or
- you move (including moving room at the same property).

This is not a complete list.

### Fraud

If you know, or suspect that someone is claiming Benefit/Council Tax Reduction they are not entitled to, phone us on 0115 9013996.

If you know about anyone claiming any other benefit they are not entitled to, ring the National Benefit Fraud Line on 0800 854440