

**CHANGES IN CIRCUMSTANCES**

You must notify the Benefit Adjudication Officer, WCBC, Lambpit Sreet, Wrexham 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 Income Support/Jobseekers Allowance (Income Based Pension Credit), if you or partner starts work. **NOTE: Any changes which could increase your benefit must be reported within one month of the date the change occurs, otherwise they will only be actioned from the Monday following the date which they are reported.**

**Part 7: 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. Please read this declaration carefully before you sign and date it

**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, 2000 and Fraud Act 2006.
- You will use the information I/we have provided to process my/our claim for Housing Benefit and or Council Tax Benefit. You may check some of the information with as many sources and agencies as deemed necessary, e.g. within the council, Department of Work and Pensions.
- 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 information to other government organisations, if the 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 enclose all relevant information/documentation.
- 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:

Partners signature:

Date:  /  /

Date:  /  /

**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:  /  /

Please contact Reviews Team - WCBC, Lambpit Street, Wrexham LL11 1AR, 01978 292095 - should you require any assistance or have any queries



Housing Benefit, Council Tax Benefit and Second Adult Rebate review form

Review Team  
Lambpit Street  
Wrexham  
LL11 1AR  
Tel: 01978 292095



**BENEFIT  
FRAUD  
HOTLINE**

**01978 292728**

e-mail: stampoutfraud@wrexham.gov.uk  
Text Service: 07808 787 558

Please fill in this form in **black ink**

Name:

Address:

Tel No:

E-mail address:

**Official use only**

Reference:

Doc type: REVIEW

Date sent:

Date of visit:

Date completed form received in office:

Receipt:

**PLEASE COMPLETE ALL BOXES**

Which type of benefits do you get?

- Housing Benefit to help with rent you pay to us.
  - Housing Benefit to help with the rent you pay to a housing association or private landlord.
- You should provide a completed certificate of rent.

Who is your landlord?

How much is your rent? £  every:

Council Tax Benefit to help with the Council Tax you pay.

Second Adult Rebate to help with the Council Tax you pay because other adults who live with you are on a low income. You are unlikely to qualify if you have a partner.

Please fill in sections 1, 5, 6 and 7

If you have any queries with your form.

- You can call into the Finance Reception in the Council's Lambpit Street Offices or Local EO Between 8.45am & 4.00pm, Monday to Friday
- Local Citizens' Advice Bureau or Welfare Rights Centres can give you advice.
- For Help and information you can phone us on **01978 292095**.

**A RECEIPT WILL BE ISSUED WHEN A COMPLETED APPLICATION FORM IS RECEIVED.**

**PLEASE PROVIDE DOCUMENTED EVIDENCE OF ALL ITEMS LISTED ON THE ENCLOSED LETTER. WE WILL NEED TO SEE ORIGINAL DOCUMENTS.**

**PLEASE NOTE A WELSH FORM IS AVAILABLE UPON REQUEST.**

**Part 1: About you and your partner**

	You	Your partner
<b>Title</b>	<input type="text"/>	<input type="text"/>
<b>First names</b>	<input type="text"/>	<input type="text"/>
<b>Surname</b>	<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**National Insurance number**  
 You can find this on payslip or letters from social security or the tax office.

You	Your partner
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Are you or your partner getting Income Support, Pension Credit or Job Seekers Allowance Income Based?** Yes  No  **Go to Part 2**  
 Please complete boxes below

**Please state which benefit:**  **Who claims the benefit:**  **Go to part 5**

**Part 2: About working for an employer or being self-employed**

**Do you or your partner work?** No  **Go to part 3.** Yes  **You should provide a completed Earnings Certificate or self employed certificate**

Please give details of all earnings you or your partner receive and how often (eg weekly, four weekly, monthly etc)

Who works? Write you or your partner's name	Name and address of employer
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Do you or your partner have any other jobs?** Write **Yes** or **No**  **If yes, give details in part 6.**

**Part 3: About any other income?**

Please tell us about any other income you or your partner receive. This includes benefits and payments received. The following is just a list of some you may get:

- State Benefit
- Disability Benefit
- Tax Credits
- Pensions
- Money from other people

**Do you or your partner get any other income?** No  **Go to part 4.** Yes  **Continue below**

Who gets this income? Write you or your partner	Name of income	Amount	How often	Reference No
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

**Do you or your partner get any other income?** Write **Yes** or **No**  **If yes, give details in part 6.**

**Are either of you waiting to hear about other income or does any one else receive income for you?**  **If yes, give details in part 6.**

**Does anyone claim any benefit for looking after you?**  **If yes, give details in part 6.**

**Part 4: About bank accounts, savings, investments and property**

**Do you or your partner, have any bank accounts, savings, investments or property?** This includes current accounts (even if overdrawn) and savings accounts with a bank, building society Post Office accounts, premium bonds, stocks and shares, ISAs, PEPs, TESSAs or any other property you don't live in as your main home.

No  **Go to part 5.**  
 Yes  **Continue below**

Whose name is it in?	Type	Details of account(s) Address of property/land	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

**Do you or your partner have any other bank accounts, savings, investments or property including access to accounts on someone else's behalf?** Write **Yes** or **No**  **If yes, give details in part 6.**

**Part 5: About other people who live with you**

Tell us about anyone who lives with you and who you have not mentioned already, including grown-up sons and daughters.

**Does anyone else live with you?** No  **Go to part 6.** Yes

Name	Relationship to you	Date of Birth	Date due to leave School if applicable	Type of Income/capital	If the person is no longer in school please provide a completed income certificate (non householder)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Does anyone else in your household receive any other income?** Write **Yes** or **No**  **If yes, give details in part 6.**

**Part 6: Anything else about your claim**

- Use this space to tell us about:
- Information you could not fit on the rest of form
  - any changes to your circumstances; **or those of anyone else living with you;**
  - name, address and relationship of anyone we can discuss your claim with

Please continue on an extra sheet if you need to.  
**Put your name and address on every extra page**