



FOR OFFICIAL USE ONLY	
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Date issued	
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HOUSING BENEFIT, COUNCIL TAX BENEFIT -

(For Applicants of Working 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 Earnings

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

2) Number of people resident

If the addition to your household is your partner at least two original documents as proof of their identity and proof of their National Insurance Number must be provided.

Original proof of income and capital must be provided for all residents over the age of 18.

Below please provide details of any additional residents :-

Surname	First Names	Relationship to Applicant	Date of Birth	Date occupied

If any of the residents listed above are registered blind please provide documentary evidence.

Below please provide details of anyone who is no longer a member of your household and the date from which this applies:-

Surname	First Names	Relevant date	Forwarding Address-if applicable

3) Income/Capital

You Your Partner

Are you or your partner in receipt of : - a) Income Support Yes No Yes No

b) Job Seekers Allowance Yes No Yes No
(Income Based)

If you are awaiting a decision on your Income Support/Job Seekers Allowance (Income Based) claim or have not applied for these benefits please detail both yours and your partner's income and capital below: -

Please tell us about any capital you or your partner hold. The following is a list of some you may hold.

- Bank accounts (Current/Deposit etc)
- Building Society/Post Office accounts.
- Stocks and Shares
- Land/Property you don't live in as your main home.

CAPITAL - Please specify	Applicant £ p	Partner £ p	Official Use Only

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 Income Support, Job Seekers Allowance, if you or your partner start work.

NOTE: Any changes which could increase your benefit must be reported within one month of the date they occur, otherwise they may only be actioned from the Monday following the date on 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 or 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: / /

Phone number:

Partners signature:

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 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:** / /

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 REGISTRATION, 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

CAPITAL - Please specify	Applicant £ p	Partner £ p	Official Use Only

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

- State Benefits
- Disability Benefits
- Tax Credits
- War Pensions
- Occupational Pensions
- Money from other people

PART A continued

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

4) Earnings

Have you or your partner been incapable of work for more than 28 weeks due to ill health? **You** Yes No **Your Partner** Yes No

Do you or your partner work? **You** Yes No **Your Partner** Yes No

If YES, please state the number of hours worked in a week.

Main Job

When did you start work?

What is your occupation?

What is your position in the firm?

Is your employment for a fixed period? **You** Yes No **Your Partner** Yes No

If YES, what date will your employment cease?

What is your employer's name and address?

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

What is your payroll or works number? **You** **Your partner**

How often are you paid? (e.g. weekly, monthly etc.) **You** **Your partner**

Please indicate the method of payment. (e.g. cash, cheque, direct into bank account) **You** **Your partner**

Please give the following details:

	You	Your partner
Please give us an idea of what your pay is normally	<input type="text"/>	<input type="text"/>
Gross Pay	<input type="text"/>	<input type="text"/>
Statutory Sick Pay or Maternity Pay	<input type="text"/>	<input type="text"/>
Bonus, Commission	<input type="text"/>	<input type="text"/>
Tips	<input type="text"/>	<input type="text"/>
Overtime	<input type="text"/>	<input type="text"/>
Take Home Pay	<input type="text"/>	<input type="text"/>

Please send proof of your earnings (i.e, last 5 payslips if paid weekly; last 3 payslips if paid fortnightly; last 2 payslips if paid monthly). (Earnings Certificates are available from the Housing Benefit Office).

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 Office. 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bed-Sitting Rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Rooms (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

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?

5) Payments you make

Do you or your partner pay a registered childminder, nursery or after school club for caring you your child(ren)? Yes No Yes No

If YES, please state the amount that you pay each week and provide the following information about the childminder, nursery or after school club £ £
(PROOF OF PAYMENTS MUST BE PROVIDED)

Name of Child Minder/Nursery/Club
 Address

 Registration No. **(proof must be provided)**
 Registered Local Authority

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 or 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).