

Change of Circumstances Form

Name and address



Private and Confidential

Please use a **black pen** to complete this form

Please complete and return this form to:

Eden District Council, Benefits Team,
 Department of Finance
 Town Hall
 Penrith
 Cumbria CA11 7QF

Telephone: (01768) 810066

Email: benefits@eden.gov.uk

COMPLETED BY

ON BEHALF OF

Signature: _____ Date: _____

Please note that you must return this form and proof of all your income and capital by the date below

____ / ____ / ____

Please send this form back quickly or you may lose money.

Please read the guidance notes on page 2

<ul style="list-style-type: none"> • Fill in this form to claim money off your rent or Council Tax bill. • If you need help to fill in this form, please contact the Benefits Team at the address above. 	<p>The Benefits Team will use the information you give us on this application form to work out whether you are entitled to benefit. We must take all appropriate steps to protect public funds and prevent fraud and to help others do the same. We may give the organisations involved in sharing out public funds (for example, local authorities and central government agencies) access to the information you have provided.</p>
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FOR OFFICE USE ONLY

Date claim form received	Issue date		Notes
	Issued by		
	Benefit Reference		
	Council Tax Reference		

Important

We are sorry that there are so many questions but it is important that you answer all of them.

Please read these notes carefully

- Fill in this form if you want to continue to receive help to pay your rent and/or Council Tax.
- We will use the information you give us to work out your Housing Benefit and Council Tax Reduction. We will also use it to check you are paying the right amount of Council Tax.
- We will follow the Data Protection Act and keep the information you give us confidential.
- **Please note that it is very important that you return the form and all the information and evidence to go with it by the date in the enclosed letter. If it is not received by this date then you may lose benefit. If you cannot do this, please let us know why.**
- **It is important that you answer all the questions on the form even if they do not apply to you. Failure to do this may lead to a delay in your benefit being calculated.**
- **If you need any help** to complete the form, please call in at the address on the front page or telephone the Council using one of the following direct dial numbers:

Council Tax Reduction and Housing Benefit (01768) 810066

We can send a Council Officer to your home to help you if you wish.

Opening Hours

8.45am to 5.15pm Monday to Thursday

8.45am to 4.45pm Friday

(Second Thursday in every month 10am to 5.15pm)

- Once we have got all the information we need from you, we will work out the benefit and write to you to let you know how much you will get. You should hear from us within 14 days of us receiving all the information.
- If you deliver this form to the Town Hall please ask for an acknowledgement receipt to show that you have delivered it.

If you have someone helping you with your affairs (for example, an appointee) would you like us to contact them when we are dealing with your claim?

Yes No

If **Yes**, please give their name and address, telephone number (and/or fax and e-mail address if they have one)

Name:	<input type="text"/>	Telephone No:	<input type="text"/>
Address:	<input type="text"/>	Email address:	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		

Do you want all correspondence sent to you? Yes No

Section 1 - About you and your partner

Do you have a partner who normally lives with you?

Yes

No

By partner we mean someone you are married to or live with as if you were married, or a civil partner or person you live with as if you are civil partners.

If you have a partner, you must answer all the questions about them, as well as yourself

You

Your Partner

Title (Mr,Mrs,Miss)

Surname

All your other names in full

Date of Birth / / / /

Address

Postcode Postcode

What date did you move to this address? / / / /

Your daytime phone number Code Number Code Number

National Insurance Number (you must give your number or you will not be able to claim benefit. (If you have not got a number please let us know).

Are you or your partner in hospital or prison? If so, give the date you or your partner went into hospital or prison.(Please send proof) Yes No

Yes No

Are you looking after someone who is receiving Attendance Allowance, Carers Allowance, Disability Living Allowance (Care Component) or Personal Independence Payments (Daily Living Component)? Yes No

Yes No

If yes, please say who you are looking after. (Please send proof)

Do you or your partner pay towards the upkeep of a student? Yes No

Yes No

How much do you pay and how often? £ every

£ every

Are you or your partner a student? Yes No

Yes No

(By **student** we mean anyone who is attending a course of study at an educational establishment, including student nurses?)

Tell us if this is full or part time.

Tell us if this is full or part time.

Full time Part time

Full time Part time

How much of your income is taken into account when working out your grant? £ a year

£ a year

Section 1 - About you and your partner (continued)

Please tick if you or your partner are/have:

	You	Your Partner
An apprentice	<input type="checkbox"/>	<input type="checkbox"/>
On youth training	<input type="checkbox"/>	<input type="checkbox"/>
In legal custody	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Mental Health Condition	<input type="checkbox"/>	<input type="checkbox"/>
Registered blind	<input type="checkbox"/>	<input type="checkbox"/>
Long-term sick or disabled	<input type="checkbox"/>	<input type="checkbox"/>

Section 2 - About Children

Please give details of all the children living with you, for whom you or your partner gets Child Benefit. (You must let the Council see proof of your current Child Benefit such as your book or letter from the Benefits Agency). We need to know about any children in your household who are:

- under 16,
- aged 16 or 17 and registered for work or youth training, or
- aged 16,17 or 18 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

Yes

No Go to **Section 3**.

If there are more than 3 children, use a separate sheet of paper to tell us all the information we ask for on this page. **If you are sending a separate sheet of paper, tick this box**

	Child 1	Child 2	Child 3
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What is the child's sex	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you (for example son, niece). If they are not related to you, please enter "NONE"	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<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"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? We need to see proof of this	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child registered blind? (Please send evidence of this)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child get Attendance Allowance, Disability Living Allowance or Personal Independence Payments? (Please send proof)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How much?	How much?	How much?
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Section 2 - About Children (continued)

Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?

Yes No

Yes No

Yes No

Tell us the name and registration number of the minder.

How much do you pay a week?
(Please send us proof of this)

£

£

£

We will send any proof back to you.

Section 3 - Other people living with you

Please tell us about all the people who usually live with you and your partner including relatives, friends, foster children, sons or daughters who serve in the armed services and are away on operations and children you have not told us about in Section 2.

Do you have other people living with you **Yes** Answer all questions in this part. **No** Go to **Section 4**

Do not tell us about people who just share a hall, bathroom or toilet with you. If you want to tell us about more than three people, use a separate sheet of paper.

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

First Person

Second Person

Third Person

Surname

First Names

Date of Birth

 / /
 / /
 / /

Their relationship to you or your partner (for example friend, son, mother, none)

Do they get Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit?

Yes No

Yes No

Yes No

Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payments?

Yes No

Yes No

Yes No

How much?

£

£

£

Do they get Incapacity Benefit?

Yes No

Yes No

Yes No

Are they registered blind?

Yes No

Yes No

Yes No

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

Yes No

Yes No

Yes No

Please tell us which

Are they caring for someone in your home for 35 hours or more each week? **Yes** **No**

Yes **No**

Yes **No**

If **Yes**, please say who they are caring for

Are they jointly responsible with you for paying the rent or mortgage? **Yes** **No**

Yes **No**

Yes **No**

Section 3 - Other people living with you (continued)

Do they pay rent or money for board and lodgings to you or your partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much?	<input style="width: 100%;" type="text" value="£ a week"/>	<input style="width: 100%;" type="text" value="£ a week"/>	<input style="width: 100%;" type="text" value="£ a week"/>
Does this include money for food?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this include money for heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they have a chronic mental health condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they in legal custody or hospital at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes which one?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
When did they go in?	<input style="width: 100%; height: 20px;" type="text" value="/ /"/>	<input style="width: 100%; height: 20px;" type="text" value="/ /"/>	<input style="width: 100%; height: 20px;" type="text" value="/ /"/>
When are they due to come out?	<input style="width: 100%; height: 20px;" type="text" value="/ /"/>	<input style="width: 100%; height: 20px;" type="text" value="/ /"/>	<input style="width: 100%; height: 20px;" type="text" value="/ /"/>
Do they normally work for 16 hours or more a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us their earnings before any deductions (we need to see their last five weekly payslips or last two months payslips).	<input style="width: 100%; height: 20px;" type="text" value="£"/>	<input style="width: 100%; height: 20px;" type="text" value="£"/>	<input style="width: 100%; height: 20px;" type="text" value="£"/>
What is their employers name and address?	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Do they have any savings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES , what interest do they receive from their savings? (please include all Building Society and Post Office accounts, Premium Bonds, Income Bonds, PEP's, ISA's, Stocks and Shares, Unit Trusts and National Savings Certificates)	<input style="width: 100%; height: 20px;" type="text" value="£"/> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<input style="width: 100%; height: 20px;" type="text" value="£"/> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<input style="width: 100%; height: 20px;" type="text" value="£"/> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
How often is the interest paid?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Do they have any other income at all? Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us about on this form.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of first income	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
How much is it before deductions?	<input style="width: 100%;" type="text" value="£ a week"/>	<input style="width: 100%;" type="text" value="£ a week"/>	<input style="width: 100%;" type="text" value="£ a week"/>
Name of second income	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
How much is it before deductions?	<input style="width: 100%;" type="text" value="£ a week"/>	<input style="width: 100%;" type="text" value="£ a week"/>	<input style="width: 100%;" type="text" value="£ a week"/>

We need to see evidence of the income, savings and benefits of everyone listed in this section. If they work we need to see their last five weekly or two monthly pay slips.

Section 4 - About Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance and Pension credit

	You	Your partner
Are you or your partner actually getting Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you start getting it?	/ /	/ /
Are you or your partner still waiting to hear about a claim for Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you claim?	/ /	/ /
Which other benefit are you getting or waiting to hear about?		

Section 5 - About being self-employed

Are **you** self-employed? Yes Answer all the questions in this part. No Go to **Section 6**

Is **your partner** self-employed? Yes Answer all the questions in this part. No Go to **Section 6**

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 evidence of your income. We will write to you about this.

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

Section 6 - About working for an employer

Do **you** work for an employer? **Yes** Answer all the questions in this part. **No** Go to **Section 7**

Does **your partner** work for an employer? **Yes** Answer all the questions in this part. **No** Go to **Section 7**

If you work for more than one employer, tell us about all other employers on a separate sheet of paper and send it with this form. **If you are sending a separate sheet, 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"/>
	Postcode	Postcode
When did you start this job?	/ /	/ /
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Are you employed for a limited period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When will this finish?	/ /	/ /
How often do you get paid?	Every <input type="text"/>	Every <input type="text"/>
How much do you get paid after tax, National Insurance and Pension payments are taken off?	£ <input type="text"/>	£ <input type="text"/>
What is your hourly rate?	£ <input type="text"/>	£ <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
How are you paid? (cash, cheque, to your bank, other – please say what)	<input type="text"/>	<input type="text"/>
When was your last pay rise?	/ /	/ /
When will your next pay rise be?	/ /	/ /
Give details of any regular overtime, bonuses or commission,	<input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay into a private or company pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

Section 6 - About working for an employer (continued)

We must see your last five weekly payslips or last two months payslips if you are paid monthly. Please send original payslips not copies. Handwritten payslips will only be accepted if they are signed and stamped by your employer. We will send your payslips back to you.

If you are unable to supply payslips, we will write directly to your employer for details of your earnings. Would you like us to send a form direct to your employer? Yes No

Section 7 - About any other work

Do **you** do any other work at all? Yes Answer all the questions in this part. No Go to **Section 8**

Does **your partner** do any other work at all? Yes Answer all the questions in this part. No Go to **Section 8**

	You	Your partner
What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
When did you start this work?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid? If you only get expenses or tips, still tick Yes and give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much do you get after any deductions?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

We must see evidence of any earnings before we can decide your entitlement. Read the checklist at Section 13 to see what you can use as evidence.

Section 8 - About benefits and pensions

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed? Please answer **ALL** the questions in this part. Enter **NONE** to any you or your partner do not receive. Enter the **FULL** amount of the benefit before any deductions and how often you are paid (weekly, fortnightly, 4 weekly, monthly or other)

	You		Your partner	
	How much do you receive?	How often is it paid?	How much do you receive?	How often is it paid?
State Retirement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Personal Pensions or Pensions from former employer (after tax)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
On what day each year does this Pension increase?	<input type="text" value=" / /"/>		<input type="text" value=" / /"/>	
Widowed Parent's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Widows Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Widows Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Disablement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Section 8 - About benefits and pensions (continued)

Child Benefit	£		£	
Maternity Allowance	£		£	
Bereavement Allowance	£		£	
Universal Credit (please provide award letter)	£	per month	£	per month
When did this start?	/ /		/ /	
Are you waiting to hear about a claim for Universal Credit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Contributions Based Job Seekers Allowance (JSA(Cont))	£		£	
Contributory Employment and Support Allowance (ESA(Cont))	£		£	
When did this start?	/ /		/ /	
Working Tax Credit	£		£	
When is this due to end?	/ /		/ /	
Severe Disablement Allowance	£		£	
Attendance Allowance	£		£	
Disability Living Allowance (Care Component)	£		£	
Disability Living Allowance (Mobility Component)	£		£	
Personal Independence Payment (Daily Living Component)	£		£	
Personal Independence Payment (Mobility Component)	£		£	
Government Training Scheme	£		£	
Please say which scheme it is.				
Fostering Allowance	£		£	
Carer's Allowance	£		£	
Child Tax Credit	£		£	
When is this due to end?	/ /		/ /	
Industrial Disablement Benefit	£		£	
If you get Benefit or Allowances not in this list, please say what they are, how often they are paid and how much you receive.				
	£		£	
Please give details of any Income or benefit you have applied for and are waiting to hear about				

Section 9 - About other money coming in

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

You

Your partner

Maintenance received (including amounts received from the Child Support Agency)
How much do you receive and how often is it paid?

£	
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£	
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Have you any other income not already declared on this form?

Yes No

Yes No

(for example rent from a property, income from an annuity or a charity). If yes please provide details and send proof

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If you are 60 or over, are you a member of a personal pension scheme or do you hold a retirement annuity from which you have not received any income?
(We will send you a form to ask for further details about this)

Yes No

Yes No

We must see evidence of any money coming in before we can decide your entitlement. Read the checklist at Section 13 to see what you can use as evidence.

Section 10 - About bank accounts, savings, investments and property

Do you or your partner have any capital, savings or investments in the UK or abroad? This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates, stocks and shares.

Answer **ALL** the questions in this part. Enter **NONE** to any accounts or savings you do not have.

You

Your partner

		£	£	£	£	£	£
Cash Savings	Amount						
		£	£	£	£	£	£
Bank Current Accounts	Amount						
	Account Number						
Bank Deposit Accounts	Amount						
	Account Number						
Building Society Accounts	Amount						
	Account Number						
Post Office Accounts	Amount						
	Account Number						
National Savings Accounts	Amount						
	Account Number						
Income Bonds	Amount						
	Account Number						

Section 10 - About bank accounts, savings, investments and property (continued)

Premium Bonds	Amount	£	£	£	£	£	£
	Account Number						
Personal Equity Plans	Amount	£	£	£	£	£	£
	Account Number						
Individual Savings Accounts (ISA)	Amount	£	£	£	£	£	£
	Account Number						

You must provide original statements for the last 2 months for each account you have.

Stocks and shares	Full name	How many?	Full name	How many?

Unit Trusts	Full names	How many?	Full names	How many?

National Savings Certificates	Issue Number (eg 25 th)	How many?	Issue Number (eg 25 th)	How many?

You must provide evidence of all investments you hold.

Do you own any other property or land? **Yes** **No** **Yes** **No**

Please give the address or location (we will write to you to ask for more information)

Is the property or land for sale? **Yes** **No** **Yes** **No**

When was it put up for sale?

Do you have any other investments or savings either here or abroad? **Yes** **No** **Yes** **No**

If yes, please give details and send proof

We must see evidence of any savings, investments or property before we can decide your entitlement. Read the checklist at Section 13 to see what you can use as evidence.

Section 11 - About rent

If you pay rent for your home, please confirm the amount you pay

£ every

If your rent has changed since you made your previous application, please tell us the date of the change

/ /

Please note that we will need proof of your rent if it has changed.

Section 12 - Other information

Please use this space to tell us anything else about your claim that you think we may need to know.

Section 13 - Checklist

Please tick to say what evidence you are sending with this form. We must see **original documents**, not copies.

We recommend that you send any important documents in the post by **Recorded Delivery** to The Benefits Section, Town Hall, Penrith, Cumbria, CA11 7QF or deliver them to the Town Hall by hand.

If you do not provide all the evidence we need, we might not be able to pay you any benefit or a reduction. We need the same evidence for your partner, if you have one.

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim, but we will not be able to pay you any benefit or a reduction until we have all the evidence.

- **Evidence of capital, savings and investments**

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. We need to see this evidence for children in your household as well. The evidence you send must show details for at least the last two months.

- **Evidence of earnings**

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. We cannot accept handwritten payslips unless they are signed and stamped by your employer. We will contact your employer if you do not have these payslips. If you or your partner is self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

- **Evidence of other income**

We also need this for any other adults living in your home.

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

- **Evidence of benefits, allowances or pensions**

We also need this for any other adults living in your home.

Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.

- **Evidence of other money paid out**

Such as letters about student grants or maintenance, agreements or receipts from registered child carers.

Section 14 - Declaration

Please read this part carefully and then you and your partner must sign below (it is the policy of Eden District Council to pursue all fraudulent claims)

- The information I have given on this form is true and complete.
- I will let you know in writing straight away of any changes in my circumstances so that you may work out my entitlement again. (Failure to report changes is an offence).
- You may check any of the information I have given. This may include my bank, building society, the Department of Works and Pensions or my employer.
- If I receive too much Housing Benefit because I do not tell you about changes in my circumstances, I realise I will have to repay the Housing Benefit.
- If my entitlement to a Council Tax Reduction is reduced, I realise I will have more Council Tax to pay.
- If I give false, incorrect or incomplete information, I realise I may be prosecuted. (The Council must protect the public funds it handles and so may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds).

Signatures	Date
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You:

Your partner:

You do not have to give your telephone, fax or Email address but it helps us to process your claim more quickly should we need to contact you.

Your telephone number:

Your Email address:

Change of Circumstances

You must tell the Council if your circumstances change or the circumstances of anyone living with you changes. Changes of circumstances you must tell us about include the following:-

- You or anyone living with you stop getting Income Support, Job Seekers Allowance or any other state benefits.
- You or anyone living with you change jobs or your wage goes up or down.
- The number of people living with you changes.
- If any of your children leave school.
- If you move. This includes a flat or room at the same address.
- Start living with someone, get married or form a civil partnership.
- Your capital or savings change.

If you are not sure you must ask the Council for help.

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.

I declare that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form:

Signature:

Relationship to the person claiming:

Date: