



REVENUES & BENEFITS

Name and address:

Date sent:

Reference Number:

CHANGES IN HOUSEHOLD OR INCOME

I understand that either

- a partner has come to live with you **or**
- there has been a change to your household income

Because of this I need to look at your Housing and/or Council Tax benefit again.

Please complete and return this form within one month of the date shown above. If there is any reason why you cannot do this, please telephone the Benefits Section immediately on 01530 454545.

If I do not receive your new information in this time, your current benefit claim will be stopped and you will have to complete a new application form to claim benefit in the future.

Please remember that you must let the Benefits Section know in writing if there are any other changes in your circumstances. You must do this within one month of the change. If you do not do this, you may lose the extra benefit that is due, or if you receive too much benefit, this will be recovered from you.

Your current payments may be suspended until this form is returned.

YOUR DETAILS

First names: National Insurance no:

Surname: Date of birth:

Daytime telephone number:

PARTNER DETAILS

If you have a partner living with you, please complete this section with their details:

First names: National Insurance no:

Surname: Date of birth:

Date moved in:

*If they have just moved in, we will need proof of their identity and National Insurance number. We must see **original documents**, not photocopies.*

OTHER PEOPLE WHO LIVE WITH YOU

Please list everybody who normally lives with you and your partner. This includes children that you receive Child Benefit for and every other person in your home.
If none, please write "none".

Name	Relationship to you	Date of birth	Child Benefit received?	Income/Amount

ABOUT SELF-EMPLOYED WORK

Are you or your partner self-employed?

No

Go to the next section

Yes

You will need to complete a self-employed form which we will send to you

ABOUT WORKING FOR AN EMPLOYER

Do you or your partner work for an employer?

No

Go to the next section

Yes

Answer the questions in this part

If you or your partner has more than one job, please give details on a separate sheet of paper.

Your details:

Employer's name and address:

Employer tel no:

Payroll number:

Job title:

Date started work:

Date due to end:

(if temporary)

Usual weekly hours worked:

Date of next pay rise:

(if known)

How often are you paid:

(weekly, monthly etc)

How are you paid:

(cash, cheque, BACS)

Your partner's details:

Employer's name and address:

Employer tel no:

Payroll number:

Job title:

Date started work:

Date due to end:

(if temporary)

Usual weekly hours worked:

Date of next pay rise:

(if known)

How often are you paid:

(weekly, monthly etc)

How are you paid:

(cash, cheque, BACS)

*You will need to provide five consecutive weekly or two consecutive monthly pay slips before a final assessment of your Housing/Council Tax Benefit can be done. If you do not have these yet, please send in what you have. **Do not wait until you have all the slips needed before sending this form back.** If you have not yet received any payslips but can provide a letter stating what your weekly/monthly wage is expected to be, a temporary assessment can be made. This assessment will be adjusted once the necessary payslips have been received; any overpaid benefit will be recovered from you.*

*We must see **original documents**, not photocopies. Handwritten payslips cannot be accepted – please ask us for a Certificate of Earnings for your employer to complete.*

BENEFITS, PENSIONS AND ANY OTHER MONEY COMING IN

Please give details of all income, benefits and other money received by you and your partner.
Please say how much you get, how often you get it and how it is paid (cash, cheque, BACS etc).

Type of income	Who gets this?	How much?	How often?	Method of payment
		£		
		£		
		£		
		£		

Are you or your partner waiting to hear about any benefits that you have claimed? Please tell us about them below.

We need to see proof of all income, such as current benefit award notices, pension slips etc.
We must see **original documents**, not photocopies.

MONEY PAID OUT

Do you or your partner make payments into a private pension scheme (other than through your wages), pay for child care to a registered child minder, nursery or play scheme or help support children at university?

- Yes Complete this section
We need to see proof of these payments (original documents, not photocopies)
- No Go to the next section

Type	Paid to	How much?	How often?
Private Pension		£	
Child Care		£	
Student Support		£	

BANK ACCOUNTS, SAVINGS, INVESTMENTS AND PROPERTY

This includes cash, current and savings accounts with a bank or building society, Internet bank accounts, Post Office accounts, Premium Bonds, National Savings Certificates, and stocks and shares. Please give details for yourself and your partner.

Type (Bank name/Share name/Property address etc)	Amount	Account/Certificate Number
	£	
	£	
	£	
	£	

*We need to see proof of your bank accounts, savings and investments. Please send statements of all accounts showing at least the last three months transactions. We must see **original documents**, not photocopies.*

DECLARATION

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

- I declare that the information I have given on this form is correct and complete.
- I am not claiming Housing or Council Tax benefit at any other address.
- I understand that if I give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- I agree that you will use the information I have provided to process my claim for Housing and / or Council Tax benefit. You may check some of the information with other sources as allowed by the law.
- I understand that you may pass information collected to other internal and external agencies or organisations such as government departments, local authorities and private-sector companies such as banks, if the law allows this.
- I know that I must let you know in writing straight away about any change in my circumstances which might affect my claim.
- I will tell you if the information on any letter you send to me is incorrect.

Signature of person claiming: _____

Partner's signature: _____

Date: _____

PLEASE RETURN THIS FORM TO THE ADDRESS BELOW WITHIN ONE MONTH OF THE DATE IT WAS SENT TO YOU.

North West Leicestershire District Council
The Leicestershire Partnership
Benefits Section
PO Box 10004
Hinckley
LE10 9EJ

TEL: 01530 454551
WEB SITE: www.nwleics.gov.uk