

HOUSING BENEFIT/ COUNCIL TAX SUPPORT CHANGE OF ADDRESS FORM



Benefit Reference	
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1 Your OLD address

Date moved out:

2 Your NEW address

Date moved in:

3 About yourself and your partner

A partner is someone you live with as a couple, whether or not you are married. If you live with another adult who is not your partner, write this in section 8.

	You	Your Partner
Surname and Title (Mr, Mrs, etc)	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<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"/>

4 Universal Credit, Income Support, Job Seekers Allowance
Employment and Support Allowance

	You		Your Partner	
Do you get any of these benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5 Benefits and Tax Credits

Please list all of the income you and your partner receive including income from benefits

Yourself			Your Partner		
Name of Benefit	Amount	How Often	Name of Benefit	Amount	How Often

PLEASE SEND US PROOF OF ALL INCOME AND CAPITAL.

6 Earnings and Self Employed Earnings

Proof: We need proof of you and your partner's earnings for all jobs. Please send your last five payslips, if you are paid weekly or your last two payslips if you are paid monthly. If you are self-employed, supply your latest accounts plus your business bank statements for the last six months.

Please give details of earnings and how often paid (e.g. weekly, four weekly, monthly) If none please write "none"

Yourself			Your Partner		
Name of Employer	Amount	How Often	Name of Employer	Amount	How Often

7 Bank/building society accounts, savings and investments

Please give details of all bank/building society accounts, savings and investments, stocks and shares, property, land etc. You must give details of all accounts you have not just savings accounts.

Proof: You must provide proof of all capital held, i.e. current bank or building society statements showing all credits and debits and the balance outstanding for the last 2 months.

Yourself		Your Partner	
Details of money (name of bank, address of land etc)	Amount / Value	Details of money (name of bank, address of land etc)	Amount / Value

8 People who live in your NEW home

Please give details of all other people (except your partner) who live in your home with you, including dependant children, adult children and joint tenants.

Name	Relationship to you	Date of birth	Type of income and Amount

9 Rent details for your NEW home

Tenancy Start Date	Amount of rent charged	How often
	£	Weekly/fournightly/4 weekly/monthly

10 Landlord / Agent details

Name and address of landlord / Agent

Are you, your partner or your children related to the landlord or Agent?

Yes

No

If yes, what is the relationship?

11 What type of accommodation is your NEW home?

House

Flat

Caravan

Hostel

Bungalow

Room

Bedsit

Other

12 How many rooms are in your NEW property?

Type of room	Number of rooms in property	Number of rooms used just by you and your household	Number of rooms you share with other people
Living rooms			
Bedrooms			
Bedsitting rooms			
Kitchens			
Bathrooms			
Separate toilets			
Dining rooms			
Other rooms (please name room)			

13 Paying Housing Benefit

If you rent from a Housing Association and wish for us to pay them directly please tick here

Please note for private tenants we only make payments directly to your bank account. We are unable to make payments by cheque or into Post Office accounts. Please give us the details where you wish us to pay your benefit.

Name of Bank or Building Society		Name of Account Holder	
Sort Code		Account Number	

If you have trouble dealing with money, in some cases we may be able to pay your landlord directly. If you would like us to consider this, please complete our 'SAFEGUARD' form.

14 Any other information

15 Your contact details

To help us process your claim quickly it is important that we have the correct contact details for you.

Home telephone number	<input type="text"/>	Mobile telephone number	<input type="text"/>
email address	<input type="text"/>		

16 Declaration

Please read this declaration carefully before you sign and date it

- **I declare** that the information given on this form is true and complete
- **I understand** that if I give information that is incorrect, incomplete or fail to report any changes which might affect my benefit, you may take action against me. This may include court action.
- **I understand** the Information I give you may be shared with other services within the Council or disclosed to other Local and Public Authorities or Government agencies that have a legitimate reason to request the disclosure.
- **I know** that I must let you know, in writing, about any change in my circumstances.

Your Signature

Your Partners Signature

Date:

Date:

Returning your form

This form should be returned within 1 month of the date you move or you could lose some benefit.

Maidstone Residents		Tunbridge Wells Residents	
Please return by post to:	Benefit Section Maidstone House King Street Maidstone Kent ME15 6JQ	Please return by post to:	Benefit Section PO BOX 1358 Maidstone Kent ME14 9US
Or return by hand to:	Maidstone Link King Street Maidstone Kent ME15 6JQ	Or return by hand to:	Tunbridge Wells Gateway 8 Grosvenor Road Royal Tunbridge Wells Kent TN1 2AB