

For office use only
Reference:
Office Stamp



Change of Circumstances: CHANGE OF ADDRESS

Part 1

ABOUT YOU

Last name (Surname)																					
Title (Mr,Mrs,Miss,Ms)																					
Other names																					
National Insurance Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Date of birth																					

YOUR PARTNER

Last name (Surname)																					
Title (Mr,Mrs,Miss,Ms)																					
Other names																					
National Insurance Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Date of birth																					

New address/ Address moving to Include room or flat No.			
E-mail Address			
Home phone number You do not have to tell us this		Mobile phone number	

What date did you or do you plan to move into this address:	
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Are you a: (Please tick one box only)

Private Tenant	<input type="checkbox"/>	Housing Association Tenant	<input type="checkbox"/>	Council Tenant	<input type="checkbox"/>	Hostel resident	<input type="checkbox"/>	Boarder	<input type="checkbox"/>	Paying Ground / site rent	<input type="checkbox"/>	Owner Occupier	<input type="checkbox"/>
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Please give your previous address or if you have not yet moved the address you are moving from.

Date of occupancy		/		/		To		/		/	
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Did you receive Housing Benefit and Council Tax Benefit for this address from this Council? (If not you will need to complete our purple claim form, please ask us to send it to you)

YES NO

Part 2**OTHER PEOPLE WHO LIVE IN YOUR HOME**

Are you a joint tenant? YES NO If yes how many joint tenants are there?

Apart from joint tenants, is there any change from your previous address in the people living in your household, for example, dependant children, boarders, lodgers, non-dependants? YES Complete part 2 NO Go to **PART 3**

Please give details of the change/s in your household.	
If person/s have moved in with you please give their full name, date of birth, relationship to you, (for example, son, daughter, boarder, lodger). If the person is a son or daughter we will need proof of their income and savings if they are no longer in full time education. If the person/s is a boarder or lodger please state how much rent you are charging them and whether the charge includes an element for heating.	
Please give the full name (s) of any person (s) who lived with you at your previous address but do not now live with you.	

Part 3**RENT DETAILS**

Please provide your tenancy agreement. (We need to see the original document). If you do not have one, please contact us and we will send you a proof of rent form for your landlord to fill in.

Landlord/Agent name		Telephone number	
Landlord/ Agent address		E-Mail address	

Are you or your partner or any children related to your Landlord or their partner? Yes No

If yes please state what the relationship is

Does the landlord live in the same building? Yes No

Does your home have a garden? Yes No

Are you responsible for decorating the inside of your home?	
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Does your home have central heating? Yes No

Part 3 continued

Please answer yes or no to the following questions:

Do you live with and pay rent to a close relative? (A close relative can be your parent, parent-in-law, son, son-in-law, daughter, daughter-in-law, step-parent, stepson, stepdaughter, brother, sister or a partner of any of these).	
Do you pay rent to your ex-partner to live in the same home you used to share with them?	
Do you rent your home from a company of which you are a director or an employee?	
Do you rent your home from a trust of which you are a trustee or a beneficiary?	
Do you rent your home from a trust of which your child is a beneficiary?	
Have you previously owned the home you now rent?	
Do you live in the home as a condition of your job?	
Did you apply for a Pre-Tenancy Determination?	

When did your tenancy start	/ /			What type of tenancy do you have				
				Period of tenancy	/ / to / /			
Do you have a tenancy agreement?	Yes		No	Was your last tenancy with the same Landlord?	Yes		No	
How much is your rent for the whole property? How much is your share of the rent if you are a joint tenant?	£			Every				E.g. weekly, monthly or 4 weekly

Do you receive any rent free weeks: Yes No If yes how many do you get each year?

Was the property let to you as: (Please tick box that applies) Unfurnished Furnished

If it is furnished, is it fully furnished, partly furnished or barely furnished:

Does your rent include the use of a garage?
If yes do you have a choice in renting it?

Are meals included? Yes No If yes which meals Breakfast Lunch Evening meal

Does your rent include any of the following?								
	Yes	No	How much		Yes	No	How much	
Water charges			£	Personal Care & support			£	
Cooking			£	Cleaning your room and windows			£	
Heating			£	Laundry facilities			£	
Hot water			£	Lift			£	
Garage or parking space			£	Porter or estate staff			£	
Furniture			£	Emergency alarm system			£	
Cleaning & light shared areas			£	Council Tax			£	

Part 3 continued

Please give details of the number of rooms in the property you rent and who uses them. If you have “other rooms” please give details in Part 6.

	Bedrooms	Bedsitting Rooms	Living and dining rooms	Kitchens	Bathrooms	Separate Toilets	Other Rooms	Total
Number of rooms in the property you rent								
Number of rooms used by you and your family								
Number of rooms you share with other people, including your landlord and other tenants								

How many people live in the whole building?

Type of accommodation

Which type of accommodation do you live in? (tick one applicable)

Detached house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Room/rooms in a house	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>
Hostel	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Terraced house	<input type="checkbox"/>
Flat over a shop	<input type="checkbox"/>	Hotel or guest house	<input type="checkbox"/>	Other, please state in part 6	<input type="checkbox"/>

How many floors are there in the whole building?

Which floor is your home on? Please specify:

If you live in a single room, looking at the front of the building, where is your room?	At the front	<input type="checkbox"/>	At the back	<input type="checkbox"/>
	In the centre	<input type="checkbox"/>		

We will pay your housing benefit in one of the following ways:

(Please indicate how you wish your benefit to be paid – tick appropriate box) (If you want us to pay your landlord direct please contact us and we will send you a “Request to pay your Housing Benefit direct to your landlord” form.

Direct to bank account	<input type="checkbox"/>	Name of Bank/Building society:	<input type="text"/>
Direct by crossed cheque	<input type="checkbox"/>	Address of Bank/Building society:	<input type="text"/>
Direct to your landlord	<input type="checkbox"/>	Account holder:	<input type="text"/>
		Account number:	<input type="text"/>
		Sortcode:	<input type="text"/>

Part 4

Sharing information with your Landlord.

Under the data protection act we would only be able to tell your Landlord whether or not you have claimed for housing benefit and if we have made a decision on your claim. We would also be able to tell him/her if we need any further information to make the decision on your claim, and if so what the information is.

We will not give your landlord any information about your personal circumstances or your financial circumstances. If you want to give us permission to discuss your claim with your Landlord please sign below:

Signature:	Date:
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Part 5

Declaration

Please read the statements carefully and sign below. We cannot deal with your claim if you haven't signed it.

I declare that the information I have given on the form is correct and complete and that this is the only change. I will inform you straight away if there are any changes in my circumstances. I understand that action may be taken against me if it is not. You can check any information on this form. I agree that this information can be shared between the Benefit Agency/Employment service and East Devon District Council and I authorise them to verify the details as necessary.

Your signature:	Date:
Your partners signature:	Date:

If a person other than the person claiming has filled in this form, please tell us why and who filled this form in

I confirm that I have read each question to the person claiming benefit and I have accurately recorded the answers	
Name of person who filled in form: _____	
Signature of the person: _____	Relationship to the person claiming: _____

Part 6

Additional Information

Please give us any extra information that you feel may help us when we work out your benefit.
