

For office use only
Reference:
Office Stamp



Change in Circumstances: INCOME

Part 1

ABOUT YOU

YOUR PARTNER

Last name (Surname)	
Mr, Mrs, Miss, Ms	
Other names	
National insurance number.	
Date of birth	

Last name (Surname)	
Mr, Mrs, Miss, Ms	
Other names	
National insurance Number	
Date of birth	

Address Include room or flat No.		Post code	
E-mail Address			
Home Number		Mobile number	

The date of the change is:

Part 2

INCOME

Are you or your partner in paid work? YES (If yes please complete this section) NO (If no please go to part 3)

YOU

YOUR PARTNER

Employer Name:	
Address:	
Job Title:	
Payroll or ref number	
Date job started:	

Employer Name:	
Address:	
Job Title:	
Payroll or ref number	
Date job started:	

How often are you paid? Weekly Monthly Other
If other please give details _____

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If other please give details _____

How many hours do you work each week:	
Amount paid before deductions	£

How many hours do you work each week:	
Amount paid before deductions	£

How are you paid? Cash in hand
Cheque
Bank Account

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Cheque
Bank account

Do you pay into a pension scheme? Yes No
Do you receive any tips or gratuities? Yes No

Do you pay into a pension scheme? Yes No
Do you receive any tips or gratuities? Yes No

Part 5

Bank, Saving & Capital Details

Do you have any Bank/Building accounts?

YES

If yes complete **Part 5**

NO

If no please go to **Part 6**

(This must be fully completed by answering yes or no to each account listed, the amount in each account and how many accounts there are)

	YOU				Joint Please tick if applicable	PARTNER			
	YES	NO	HOW MUCH	HOW MANY		YES	NO	HOW MUCH	HOW MANY
Current account			£				£		
Deposit Account			£				£		
Building Society Account			£				£		
Post Office/ Giro Account			£				£		
Premium Bonds			£				£		
Income Bonds			£				£		
National Savings Certificates			£				£		
Shares or Unit Trusts			£				£		
Stocks, Sharesave SAYE			£				£		
Tessa, ISA, Toisa's compensation			£				£		
Other			£				£		

Have you or your partner lent anyone money, which they still, have to pay back?

YES

NO

If yes give details in additional information box below

Do you or your partner have any other income or capital that is not listed on this form?

YES

NO

If yes, please explain below

Do you or your partner own any property or timeshare other than your home, in the UK or abroad?

YES

NO

If yes, please explain below

Part 6

Additional Information:	

Proofs required You must provide original documents – we are not able to accept copies.

Earnings	<ul style="list-style-type: none"> • Require 2 months, 5 weeks or 3 fortnightly wage slips dependant on how you are paid • Contract of employment (if you cannot find any wage slips) • Certificate of Earnings which you can ask your employer to complete. (Please contact us for a form if you have not got wage slips)
Benefits	<ul style="list-style-type: none"> • The latest award letter • Payment book • Bank statement showing the payment going into your account (The name of the benefit must show on the statement, however this does not apply to Working/Child Tax Credit where we will need to see your latest award letter)
Bank, Saving & capital details	<ul style="list-style-type: none"> • At least 2 previous months consecutive statements, even if you are overdrawn. (An advice slip from a cash machine is not enough) • Up to date pass book • Relevant certificates or bond documents • Share certificates or the last dividend

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

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