

**OFFICE USE ONLY**  
Benefit Reference:   
Property Reference:

# Housing Benefit & Council Tax Reduction Scheme Change of Income & Household Form

## Part 1 - Personal Details

	You	Your partner
First name:	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>
Tel. No.	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>
National insurance number:	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you:	<input type="checkbox"/> An owner occupier? <input type="checkbox"/> Council tenant?	<input type="checkbox"/> Private tenant? <input type="checkbox"/> Housing Association Tenant ?

## Part 2 - New information

Please confirm the date your change in circumstance occurred  /  /

Please give details of the change in circumstance

To find out more about Housing Benefit and Council Tax Reduction call or visit our website

Stafford Borough Council tel 01785 619478 | web [www.staffordbc.gov.uk](http://www.staffordbc.gov.uk) | [www.staffordbc.gov.uk/benefitforms](http://www.staffordbc.gov.uk/benefitforms)

Cannock Chase Council tel 01543 464292 | web [www.cannockchasedc.gov.uk](http://www.cannockchasedc.gov.uk) | [www.cannockchasedc.gov.uk/benefitforms](http://www.cannockchasedc.gov.uk/benefitforms)

### Part 3 - About children

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, 18 or 19 and in education doing a course not higher than GCSE A-level, SCE Higher level or GNVQ (advanced).

**Are there any children in your household as described above?**

No  Go to part 4.

Yes

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

	First child	Second child	Third child	Fourth child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<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"/>
What is the child's sex?	<input type="text"/>	<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"/>	<input type="text"/>
Usual address, if different from yours	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? <small>We need to see proof of this</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you receive maintenance for any of these children?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If so, how much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this
Does the child get Disability Living Allowance or Personal Independent Payment (PIP)?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
Care	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Mobility	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Daily Living Rate	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do you or your partner pay any childcare costs for this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below
Tell us the name and registration number of the childcare provider.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay each week?	£ <input type="text"/> each week	£ <input type="text"/> each week	£ <input type="text"/> each week	£ <input type="text"/> each week
	Please have your child care provider complete the attached Childcare pro-forma	Please have your child care provider complete the attached Childcare pro-forma	Please have your child care provider complete the attached Childcare pro-forma	Please have your child care provider complete the attached Childcare pro-forma

## Part 4 - About other people who live with you

Now tell us about all the people who usually live with you and your partner.

Do not tell us about people who just share a hall, bathroom or toilet with you.

**Do any adults usually live with you and your partner?**

No

Yes

(People over 16 who nobody gets child benefit for)

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

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, owner, subtenant, lodger, boarder or friend.

Do they get Income Support, income-based Jobseeker's Allowance or the guaranteed part of Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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Do they get Disability Living Allowance or Attendance Allowance or Personal Independent Payment (PIP)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	How much?	How much?	

£  each week

£  each week

£  each week

Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us which	Tell us which	Tell us which	

£  each week

£  each week

£  each week

Does this include money for meals?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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Which ones?

Which ones?

Which ones?

Breakfast  Lunch

Breakfast  Lunch

Breakfast  Lunch

Evening meal

Evening meal

Evening meal

Does this include money for heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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When are they expected to come out?

When are they expected to come out?

When are they expected to come out?

Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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Tell us about it below.

Tell us about it below.

Tell us about it below.

When did they go in?	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
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When are they due to come out (if you know)?	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
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**Part 4 - About other people who live with you** (continued)

**First person**

**Second person**

**Third person**

Do they normally work for 16 hours or more a week?

No  Yes   
Tell us their earnings before any deductions.

£ each week

We need to see proof of their earnings.

No  Yes   
Tell us their earnings before any deductions.

£ each week

We need to see proof of their earnings.

No  Yes   
Tell us their earnings before any deductions.

£ each week

We need to see proof of their earnings.

Do they have any other income at all? Make sure you tell us about all the other income they have.

No  Yes   
Tell us about it below.

No  Yes   
Tell us about it below.

No  Yes   
Tell us about it below.

This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.

**First other income**

Where does this income come from?

How much is it before deductions?

£

We need to see proof of this income.

We need to see proof of this income.

We need to see proof of this income.

Do you receive this weekly, fortnightly, monthly or calendar monthly?

**Second other income**

Where does this income come from?

How much is it before deductions?

£

We need to see proof of this income.

We need to see proof of this income.

We need to see proof of this income.

Do you receive this weekly, fortnightly, monthly or calendar monthly?

**Third other income**

Where does this income come from?

How much is it before deductions?

£

We need to see proof of this income.

We need to see proof of this income.

We need to see proof of this income.

Do you receive this weekly, fortnightly, monthly or calendar monthly?

Are any of the people who normally live with your partners?

No  Yes  Tell us their names below.

is the partner of

is the partner of

## Part 5 - Earned income

Do you or your partner work for an employer?  No Go to Part 6

Yes Answer the questions on this page. If you have more than one job please give details on a separate piece of paper

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

You

Your partner

What kind of work do you do?

What is your employer's name and address?

  
  
  
Postcode:   
  
  
Postcode: 

When did you start this job?

 /  /  /  / 

Are you employed for a limited period?

No  Yes When will you finish?

No  Yes When will you finish?

 /  /  /  / 

How often do you get paid?

How much do you get paid?

Please include details of any overtime, bonuses, commission or tips

When is your next pay rise?

 /  /  /  / 

How many hours a week do you work?

Are you getting Statutory Sick Pay (SSP) or  No  Yes How much?

No  Yes How much?

Statutory Maternity Pay (SMP) from your employer at the moment?

Please supply your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks or your last 2 payslips if you are paid every month. Hand written payslips are not acceptable. If you do not have any payslips, or it is a new job, your employers can complete the attached Earnings Certificate pro-forma. The payslips provided must show full details of the pay you receive including gross pay and any deductions for tax, National Insurance and pension.

## Part 6 - Self employed income or director of a limited company

Are you or your partner a director of a limited company?

 No

 Yes

If yes you are employed, please go back to section 5.

Are you or your partner self-employed?

 No Go to Part 7

 Yes

Answer the questions on this page. 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 proof of your income. Please ask us for a form.

You

Your partner

What kind of work do you do?



What is the business address?

  
  
  
 Postcode: 
  
  
  
 Postcode: 

When did the business start?

 /  / 
 /  / 

Are there any other partners in the business?

 No

 Yes

Tell us their name and address

 No

 Yes

Tell us their name and address

  
  
  
 Postcode: 
  
  
  
 Postcode: 

How many hours a week do you work?



Do you get a Business Start-Up Allowance?

 No

 Yes

How much?

 No

 Yes

How much?

 £

 £

 Every

 Every

Do you pay into a private pension scheme?

 No

 Yes

How much?

 No

 Yes

How much?

 £

 £

 Every

 Every

Please send in proof of any pension scheme you pay into.

## Part 7 - Capital savings and investments

Do you or your partner have any capital, savings or investments?

No Go to Part 8

Yes Answer the questions on this page.

This includes current accounts with a bank or building society, post office accounts, premium bonds or stocks and shares.

Please supply statements covering at least the last 2 months, even if the account is overdrawn. A simple balance statement is not enough.

Only original documents are acceptable.

	You	Your partner
Do you or your partner have any capital, savings or investments?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of bank(s)	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
Account number(s)	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
How much is in the account(s)?	<input type="text"/> 1 - £ <input type="text"/> 2 - £	<input type="text"/> 1 - £ <input type="text"/> 2 - £
Do you or your partner have any building society accounts?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of bank(s)	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
Account number(s)	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
How much is in the account(s)?	<input type="text"/> 1 - £ <input type="text"/> 2 - £	<input type="text"/> 1 - £ <input type="text"/> 2 - £
Do you or your partner have any post office accounts?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Type of account(s)	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
Account number(s)	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
How much is in the account(s)?	<input type="text"/> 1 - £ <input type="text"/> 2 - £	<input type="text"/> 1 - £ <input type="text"/> 2 - £

## Part 7 - Capital savings and investments

You

Your partner

Do you or your partner have any premium bonds?

No  Yes How much?

£

No  Yes How much?

£

Do you or your partner have any National Savings Certificates?

No  Yes

No  Yes

Please supply the relevant certificates.

1 Issue number

2 Issue number

Please supply the relevant certificates or bond documents.

1 No of units

2 No of units

Do you or your partner have any other capital, savings or investments?

No  Yes

No  Yes

For example PEP's, TESSA's or ISA's

Please provide proof

Do you or your partner own or partly own any land or property in this country or abroad other than the home that you live in?

No  Yes

No  Yes

For example a holiday home.

£

£

What is the address?  
We will write to you for further information

Postcode:

Postcode:

What value is this land or property?

£

£



## Part 8 - Incomes and benefits

Are you looking after someone but not getting Carer's Allowance because you get another benefit?  No  Yes

Does anyone get Carer's Allowance for looking after you?  No  Yes

Do you or your partner receive any benefits, allowances or income?  No Go to Part 9  Yes Please complete this section

Who receives	Type of income	Amount	How often i.e. weekly, monthly etc
		£	
		£	
		£	
		£	
		£	
		£	

Please supply evidence of all income you receive.

If you or your partner have claimed benefit but not heard, tell us here.

Who claimed	Type of benefit

## Part 9 - Declaration

Please read this declaration carefully before you sign and date it. If both you and your partner are claiming, you must both read the declaration before signing and dating the form. This declaration applies to both the person claiming and their partner.

- This is my claim for Housing Benefit or Local Council Tax Reduction (or both).
- I declare that the information I have given on this form is correct and complete as far as I know.
- I authorise you to check the information I have given with other sections within the council, the Rent Service, other councils or authorities handling public funds, as long as you do so only to prevent and detect fraud and error.
- I understand that you will share the information you hold on your computer to prevent and detect fraud and error by providing information to the Housing Benefit Matching Services and the Audit Commission's National Fraud Initiative.
- I understand that if I give incorrect or incomplete information or documents, or fail to report any changes that might affect my benefit, I may be prosecuted.
- I know I must tell you immediately of any changes that may affect the amount of benefit I receive.
- I know I must tell you, my local council if:
  - I start or stop getting Income Support, Jobseeker's Allowance, Pension Credit or any other benefit;
  - the rent goes up or down (private tenants only);
  - my wages go up or down (for example, the work is casual and the hours vary or if I work overtime);
  - any other money from family or that I have coming in goes up or down, or my or my family's savings change;
  - anyone living with me has a change in their situation, such as starting work;
  - anyone moves in or out, even if it is a temporary move; and
  - the Home Office refuse my application for asylum.
- I start or stop getting any other income or pension.
- I understand that it is my duty to tell you about any of the changes above and that I cannot rely on any other organisation or person to tell the council on my behalf.
- I know and accept that if I do not report any changes affecting my benefit, or I give incorrect or incomplete information, I must repay any overpayment.
- I accept that you may prosecute any person who gives incorrect, incomplete or misleading information to fraudulently claim benefit.

### How we use your personal information

We will use the information you provide to process your Housing Benefit and/or Council Tax Reduction claim. We will only share your information, when necessary, with agencies involved in the processing of benefits or where the law requires or allows us to.

Cannock Chase District Council is the Data Controller for any claims or information submitted by residents of the Cannock Chase area, for further information, please see [www.cannockchasedc.gov.uk/PrivacyNotice](http://www.cannockchasedc.gov.uk/PrivacyNotice).

Stafford Borough Council is the Data Controller for any claims or information submitted by residents of the Stafford area, for further information, please see [www.staffordbc.gov.uk/PrivacyNotice](http://www.staffordbc.gov.uk/PrivacyNotice).

**Signature of person claiming:**

**Print name:**

**Date:**

**Partner's signature:**

**Print name:**

**Date:**

By law, we may pass your personal information to other local authorities and government departments and agencies to prevent and detect fraud, corruption, money laundering and other crimes.

**Warning - if you give false information or fail to tell us of changes in your circumstances you may receive a financial penalty under Schedule 3, Local Government Finance Act 1992 or be prosecuted under Social Security Administration Act 1992 or the Fraud Act 2006**

**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 and confirm the person claiming understood and answered all the questions:-

**Name of the person who filled in this form:**

**Signature of the person:**

**Relationship to the person claiming:**

**Date:**

## Part 10 - About returning the form

Please make sure you have answered all the questions on this form and have provided the proof we need. We will not be able to work out your benefit until we receive this proof. We will usually pay housing benefit from the Monday after we receive your form.

Please send or take your form to one of the following.

**The Benefit Section  
Civic Centre  
Beecroft Road  
Cannock  
Staffordshire  
WS11 1BG**

**The Benefit Section  
Civic Centre  
Riverside  
Stafford  
Staffordshire  
ST16 3AQ**

## Help with the form

If you need any help when filling in the application form, please phone us on **01543 464292** or **01785 619478** or visit the Council offices in Cannock, Rugeley, Hednesford or Stafford.

## Part 11 - Changes you must tell us about

You must tell us straight away, in writing, if any information in this form changes. If you are not sure whether the change will affect your benefit/reduction, tell us anyway. Tell us yourself, do not rely on someone else (for example, another council department, HM Revenue & Customs, the DWP or other people).

If you do not tell us about changes in your circumstances you may lose benefit/reduction you are entitled to, or you may receive too much benefit/reduction which you will have to pay back. We may also take action against you, including court action or financial penalty.

Example of changes are if:

- you or your partner start or stop getting Income Support, Jobseeker's Allowance or any other state benefit;
- any of your children leave school or their Child Benefit stops;
- anyone (including children, lodgers and subtenants) moves into or out of your home;
- your or your partner's income changes;
- your rent changes; or
- you move (including moving room at the same property).

This is not a complete list.

## Fraud

If you know, or suspect that someone is claiming Benefit/Council Tax Reduction they are not entitled to, phone us on **01543 464292** or **01785 619478**

If you know about anyone claiming any other benefit they are not entitled to, ring the **National Benefit Fraud Line** on **0800 854440**

This form can be provided in Braille, on audio cassette tape/disk, LARGE PRINT and in other languages on request to

Stafford Borough Council      tel 01785 619478  
Cannock Chase Council      tel 01543 462621

RESET FORM TO BLANK