

Housing Benefit & Council Tax Benefit Change of Address Form

Date issued: _____

Name: _____

National Insurance Number: _____

Reference number (if known): _____

This form must be completed and returned to the Council within one calendar month from when you moved home. Failure to do so could result in a loss of benefit. Any supporting evidence that is required to support this form must be original documentation. Photocopies are not accepted.

Any increase in benefit will only be backdated to when the change occurred if we received notification of the change within one calendar month. Any decrease in benefit will occur from when the change took place.

Old address:

New address:

What date did you move? _____

If you would like help completing this form or have any queries regarding your claim, then please contact us on 01322 343705 between the hours of 8.45am to 5.00pm, Monday to Thursday, and 8.45am to 4.45pm on Friday.

Alternatively you can bring the form to our offices at the Civic Centre in Dartford, between the hours stated above, where we will happily assist you with completing the form.

SECTION 1 Who do you live with?

Please list everyone who will be living with you at your new address:

Surname:	First names:	National Insurance Number:	Relationship to you:	Date of birth:	Did they live with you at your old address? <i>see note 1</i>

Important note 1:

If someone over 18 has moved in with you at your new address and they were not living with you at your old address then you need to provide proof of their income with this form.

If someone who did live with you at your old address has not moved with you to your new address, please state that at section 6.

SECTION 2 Your new home

Are you a:

- Private Tenant Council Tenant Homeowner
 Boarder Hostel Dweller Housing Association Tenant

Tick one box only

TYPE OF PROPERTY: Please tick which applies to your accommodation:

- Detached House Semi-detached House Terraced House
 Detached Bungalow Semi-detached Bungalow Terraced Bungalow
 Flat in a block Flat over shop Flat in house
 Maisonette Caravan* Hostel
 Room or rooms**

*Do you pay site rent? YES NO

**Please indicate the location of your room(s) in the building:

Front Centre Rear

Other (please state):

USES OF ACCOMMODATION:

Please state number of floors in whole building:

Which floor is your home on?

- All floors Basement Ground floor
 1st floor 2nd floor 3rd floor

Other (please describe):

Is there a central heating system? YES NO

Is there a garage for you to use? YES NO

Is there a parking space for you to use? YES NO

Is there a garden? YES NO

If YES to any of these, please state the charge, if any, included in your rent: £

Please state the number of:

	In the whole house or flat	Used by your household only	Shared with other households
Living rooms			
Bedrooms			
Bed-sitting rooms			
Kitchens			
Bathrooms			
Separate toilets			
Other rooms			
TOTAL			

SECTION 3 – Tenancy Details

Date your tenancy/rent started:

Length of current tenancy agreement:

Date you moved in:

Name of your Landlord:

Address of your Landlord:
.....
.....
.....

Name of Managing Agent:

Address of Managing Agent:
.....
.....
.....

Are you, your partner or your children related to the Landlord? YES NO
If YES, what is the relationship?

Is your tenancy (please tick all relevant boxes):
Housing Association? Joint Tenancy? Assured Shorthold Tenancy?

Is your home:
Fully furnished? Partly furnished? Minimally furnished?
Unfurnished?

Who is responsible for decorating?

Landlord

Yourself

Not known

SECTION 4 – Your new Rent

Please enclose your new tenancy agreement signed by you and your landlord or a letter from your new landlord stating your tenancy details. You must also sign the letter as confirmation of tenancy details. This must be the original, copies are not acceptable.

How much does your new landlord charge? £

weekly/monthly/4 weekly (please delete)

Has a Fair Rent been registered for your home?

YES

NO

NOT KNOWN

Are water rates included in your rent?

YES

NO

NOT KNOWN

If YES, how much is this?

£

weekly/monthly/4 weekly (please delete)

If water rates are paid separately by you, please forward your current bill.

Are any of the following included in your rent?

	YES	NO	Amount if known (£)
Heating			
Lighting			
Hot water			
Power for cooking			
Cleaning of room(s)			
Laundry			
Porter/caretaker			
Gardening			
Communal cleaning			
Support services			
Meals*			

*If YES to meals, please state which of the following:

Full Board

Breakfast Only

Part Board

SECTION 5 – Payment of your Housing Benefit

If you qualify and payment is to be made directly to your Rent Account for Council Tenants, or your Landlord for privately rented accommodation, please sign the consent below. You do not need to sign this if you are renting private accommodation and payments are to be made directly into your bank, building society or Post Office account.

You may provide information to my landlord regarding the progress of my claim where direct payments are to be made to them. Additionally, I accept that my landlord will be notified of the amount of Housing Benefit to be paid in respect of my claim, the date benefit will be payable from and any future changes to the amount of benefit in payment. No further information will be given to the landlord without my written consent.

Signature of Claimant:

Who would you like your Housing Benefit paid to? (*Please sign the consent above)

Yourself

Landlord*

Managing Agent*

If you wish to have Housing Benefit paid to yourself and you do not already have a bank/building society account, it will be necessary for you to open one. If this is the case, do not delay returning your form as you could lose benefit **but we will be unable to pay your benefit until you notify us of your bank/building society or Post Office account details.**

If you need further information about the types of account you can open, please contact us on 01322 343705 and we will be pleased to send you a leaflet.

Account Details:

Name of Bank, Building Society or Post Office:

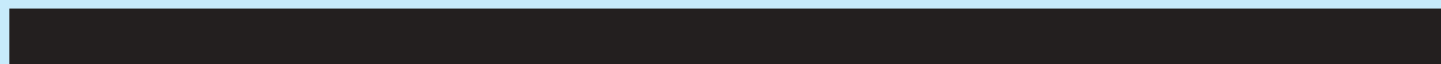
Account/Roll Number (the account must be a current account or cheque account):

Sort Code:

Account holder's name:

COUNCIL TAX BENEFIT

You should note that Council Tax Benefit is always credited to your Council Tax account. Following any award or adjustment of such benefit you will be issued with a revised Council Tax bill which will show the benefit and the revised amount for payment.



A large, empty rectangular box with a thin black border, occupying the lower half of the page. It is likely intended for additional information or a signature.

SECTION 7 – PLEASE READ THIS SECTION

Please check carefully that you have answered all the questions on this claim form correctly and make sure that you have not forgotten anything. If you have a partner, you must **both** read and sign this form. Even if someone has helped you to fill in this form, you must still sign the declaration yourself.

WARNING

It is an offence for anyone to make a statement or produce information which he or she knows to be false in order to obtain or to attempt to obtain Council Tax Benefit or Housing Benefit. A person convicted of such an offence shall be liable to a fine, a term of imprisonment, or both.

YOUR DECLARATION

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

I understand the following:

- I must provide original evidence when requested to support my claim.
- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit or both. You may check some of the information with other sources within the Council, Rent Offices or other Councils.
- You will keep computer and paper records of my information in accordance with Data protection principles.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

I know I must let the Council know about any changes in my circumstances which might affect my claim. **I have read** the warning above and **I declare** the information I have given on this form is correct and complete.

Signature (Claimant):

Date:

Telephone No.:

Signature (Partner):

Date:

Telephone No.:

CHANGE OF CIRCUMSTANCES

It is your responsibility to inform the Council's Benefit Office, in writing, immediately if there is a change of circumstances which may affect your entitlement to benefit.

If you are in any doubt, please tell us and we will decide if the change affects your benefit. Remember that failure to provide any of the evidence requested on this form will result in the Council being unable to pay Benefit.

IF YOU DO NOT TELL US OF ANY CHANGE, YOU MAY HAVE TO PAY BACK BENEFIT

RETURNING THIS FORM

You can bring this form personally to the Benefits Enquiry Counter, at the address below or the Council's Cash Offices at either Temple Hill or Swanscombe, otherwise post to:

**BENEFITS SECTION, DARTFORD BOROUGH COUNCIL
CIVIC CENTRE, HOME GARDENS, DARTFORD, KENT DA1 1DR
Tel: 01322 343705**