

# Housing Benefit & Council Tax Benefit Change of Income 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 your circumstances changed. 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.

Are you a:

Private Tenant

Council Tenant

Homeowner

Boarder

Hostel Dweller

Housing Association Tenant

*Tick one box only*

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 4.45pm, Monday to Thursday, and 8.45am to 4.30pm 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 be happy to assist you with completing the form.

OFFICE USE ONLY

Date received: \_\_\_\_\_

**SECTION 1** *What changes in your circumstances have you had?*

**Change 1:** Please give full details of the change below:

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When did this change occur?

**Change 2:** Please give full details of the change below:

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When did this change occur?

**Change 3:** Please give full details of the change below:

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You can provide further information at Section 13 if you require.

**YOU MUST PROVIDE DOCUMENTARY EVIDENCE TO SUPPORT ALL OF YOUR CHANGES IN CIRCUMSTANCES.**

**SECTION 2 – ABOUT YOU AND YOUR PARTNER**

YOU MUST COMPLETE THIS SECTION

Do you have a partner\* who normally lives with you?

YES

NO

\*By partner, we either mean someone of the opposite sex that you are married to, or someone of the opposite or same sex that you live with as if married.

**If NO, answer all the questions about you. If YES, you must answer all the questions about you and your partner.**

YOU	YOU
Title (Mr/Mrs/Miss/Ms/Other):	Title (Mr/Mrs/Miss/Ms/Other):
Surname:	Surname:
First names in full:	First names in full:
Former names or 'known as' names:	Former names or 'known as' names:
National Insurance number:	National Insurance number:
Date of birth:	Date of birth:
Date you moved to your present home:	Date partner moved in:
Date tenancy started:	

**ARE YOU?** (Please tick YES or NO for each of the following)

In receipt of Income Support or Job Seekers Allowance (Income based)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Full time student	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registered Blind	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Receiving Attendance Allowance or Disability Living Allowance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unable to work because of sickness	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, from when:	/ /	
In hospital	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, from when:	/ /	
Discharge date if known	/ /	
Does anyone receive Carer's Allowance for looking after you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**DO YOU?**

Have an invalid motor vehicle	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rent a car from Motability	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**IF YES TO ANY OF THE ABOVE, YOU MUST PROVIDE ORIGINAL EVIDENCE**

**IS YOUR PARTNER?** (Please tick YES or NO for each of the following)

In receipt of Income Support or Job Seekers Allowance (Income based)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Full time student	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registered Blind	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Receiving Attendance Allowance or Disability Living Allowance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unable to work because of sickness	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, from when:	/ /	
In hospital	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, from when:	/ /	
Discharge date if known	/ /	
Does anyone receive Carer's Allowance for looking after you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**DOES YOUR PARTNER?**

Have an invalid motor vehicle	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rent a car from Motability	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**IF YES TO ANY OF THE ABOVE, YOU MUST PROVIDE ORIGINAL EVIDENCE**

**SECTION 3 Immigration Status**

	YOU	PARTNER
Have you come to live in the UK, Republic of Ireland, Channel Islands or the Isle of Man in the last two years?	YES <input type="checkbox"/> NO <input type="checkbox"/> Go to section 4	YES <input type="checkbox"/> NO <input type="checkbox"/> Go to section 4
If YES, what date did you arrive?	/ /	/ /
Please give your reasons for coming to the UK: ..... .....		
What is your nationality?	What is your partner's nationality?	
You must provide proof that you are permitted to remain in this country. It may be necessary for us to contact the Home Office to verify this information.		

**SECTION 4 Work and Earnings**

Have you or your partner worked during the last 12 months?		
<b>YOU:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>PARTNER:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you or your partner currently working or receiving statutory sick pay?		
<b>YOU:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> Go to section 5	<b>PARTNER:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Go to section 5
	YOU	PARTNER
Job Title		
Payroll/Employment reference number		
Name of Employer		
Address of Head Office of Employer	..... ..... .....	..... ..... .....
Date started	/ /	/ /
Number of hours worked per week		
Is the job permanent?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, when will it end?	/ /	/ /
Total gross pay before deductions, including overtime (indicate whether weekly or monthly or other)	£ weekly/monthly/yearly	£ weekly/monthly/yearly
Bonus, commission or tips not included in your gross pay	£ weekly/monthly/yearly	£ weekly/monthly/yearly
Do you have more than one job? If YES, please give full details in the space provided in Section 16 of this form	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you paying into a private pension scheme?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES to the last question and the payment is <u>not</u> deducted from your wages, please give details of the pension scheme and provide proof of who you are paying to: ..... .....		

	YOU	PARTNER
How are your wages paid? e.g. cash, cheque, direct to bank		
In order to claim benefit you must provide proof of your earnings – we need your latest 5 consecutive payslips if you are paid weekly, or 2 if you are paid monthly. Or you can ask your employer to complete a Certificate of Earnings form which is enclosed with this form. If the evidence requested is not provided then it may be necessary for us to contact your employer.		
<b>SELF EMPLOYMENT</b>		
	YOU	PARTNER
Are you or your partner self employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you or your partner are self employed, either as your only job, or as a second job, please complete the boxes below:		
Nature of business		
Address business trades from	..... ..... .....	..... ..... .....
Date business started trading		
Are you a partner in the business? If YES, you must provide a partnership agreement	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you or your partner receive Business Start Funding from the Government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, how much do you receive?		
You must provide your latest available trading accounts. If you do not have these, you must provide a summary of income and expenditure along with receipts which you should sign as being a true and accurate record, or complete a self-employed earners form which you can obtain from the Benefits Section.		
Do you also work for an employer? If YES, you must ensure details are given at the start of this Section.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you paying into a private pension scheme? If YES, you must give details of the pension scheme and provide proof of who you are paying to.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Section 5 – Pensions and Life Annuities**

	YOU	PARTNER
Are you or your partner receiving any pension payments?	YES <input type="checkbox"/> NO <input type="checkbox"/> Go to section 6	YES <input type="checkbox"/> NO <input type="checkbox"/> Go to section 6

If YES, please complete the table overleaf.

Use **W** (weekly), **M** (monthly) or **4** (4 weekly) to indicate how often you are paid.

Use **B** (direct to bank), **P** (Payment Book) or **G** (Giro) to indicate how you receive your pension.

**YOU MUST PROVIDE ORIGINAL EVIDENCE.**

**Pension/Life Annuity** (Section 13 can be used if more space required)

	PAID TO YOU	W, M or 4	B, P or G	Date of last increase	PAID TO PARTNER	W, M or 4	B, P or G	Date of last increase
State Retirement Pension Give amount								
Employment Pension (1) Give name of company and amount								
Employment Pension (2) Give name of company and amount								
Life Annuity Give name of company and amount								

Do you or your partner pay into a private pension scheme, or have you or your partner ever paid into a private pension scheme?

YES

NO

If YES, please give details of the pension scheme and provide proof of who you are paying to or used to pay to:

**YOU:**

**PARTNER:**

_____	_____
_____	_____
_____	_____

**For Widows/Widowers**

	PAID TO YOU	W, M or 4	B, P or G	Date of last increase
War Widow's Pension	£			
Widow's Pension or Widowed Mother's Allowance	£			
Widowed Parent's Allowance	£			

**SECTION 6 Benefits and allowances**

	YOU		PARTNER	
Have you or your partner applied for or are currently receiving any government benefits or allowances?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Go to section 7	YES <input type="checkbox"/>	NO <input type="checkbox"/> Go to section 7

If YES, please complete the rest of Section 6.

Use **W** (weekly), **M** (monthly) or **4** (4 weekly) to indicate how often you are paid.

Use **B** (direct to bank), **P** (Payment Book) or **G** (Giro) to indicate how you receive your pension.

**YOU MUST PROVIDE ORIGINAL EVIDENCE OF ALL BENEFITS & ALLOWANCES RECEIVED.**

Please give details of any Benefits or Allowances which have been applied for or are pending but where payment has not yet been received.

	W, M or 4	B, P or G
Benefits/Allowances:	Date applied for:	
Date payment due:	Amount expected (if known): £	
Is the money expected for you <input type="checkbox"/> or your partner <input type="checkbox"/> (please tick box)		

	Date started	YOU	W, M or 4	B, P or G	Date of last increase	PARTNER	W, M or 4	B, P or G	Date of last increase
Job Seekers (Contribution based)	/ /	£				£			
Short Term Incapacity (Lower rate)	/ /	£				£			
Short Term Incapacity (Higher rate)	/ /	£				£			
Long Term Incapacity	/ /	£				£			
Statutory Maternity Pay	/ /	£				£			
Maternity Allowance	/ /	£				£			
Adoption Allowance	/ /	£				£			
Disability Living Allowance	/ /	£				£			
– Care component		£				£			
– Mobility component		£				£			
Attendance Allowance	/ /	£				£			
Mobility Allowance	/ /	£				£			
Disabled Person Tax Credit (supply notification letter)	/ /	£				£			
Severe Disablement Benefit	/ /	£				£			
Industrial Disablement Benefit	/ /	£				£			
War Disablement Pension	/ /	£				£			
Carer's Allowance	/ /	£				£			
New Tax Credits (supply notification letter)	/ /	£				£			
Pension Credits (supply notification letter)	/ /	£				£			

**Section 7 – Deductions from benefits and allowances**

Do you or your partner have any deductions made from your benefits or allowances? e.g. social fund loan repayments, recovery of overpayments, etc.

**YOU:** YES  NO  **PARTNER:** YES  NO

If YES, give details below and provide original evidence:

.....

.....

**Section 8 – Other income**

Do you or your partner receive any other income?

**YOU:** YES  NO  Go to section 9

**PARTNER:** YES  NO  Go to section 9

If YES, declare all other income from any source below. YOU MUST PROVIDE ORIGINAL EVIDENCE.

	YOU			PARTNER		
<b>Maintenance or CSA payments received</b> (Evidence must be provided)	£			£		
<b>Government Training Scheme:</b>	YOU	W, M or 4	B, P or G	PARTNER	W, M or 4	B, P or G
Date started:	£			£		
<b>Student Grant or Loan:</b>	£			£		
Date started:						
Place of study						
What are the term dates?	From	to		From	to	
	From	to		From	to	
	From	to		From	to	
How long is the course for?						
<b>Rent from a property or room that you or your partner let to a tenant:</b>	£			£		

Address of property:

Any other income? YES  NO

If YES, what is this?

Date next payment due:

**Section 9 – Money, Savings & Investments**

**YOU MUST COMPLETE THIS SECTION AND ANSWER YES OR NO TO EACH QUESTION.**

Please give details of all savings, investments and money in bank or building society accounts or kept as cash.

YOU MUST PROVIDE EVIDENCE FOR ALL INVESTMENTS AND TRANSACTIONS OCCURRING IN THE PAST TWO COMPLETE MONTHS.

SAVINGS & INVESTMENTS		YOU	PARTNER
How many accounts do you have in your name only?			
How many joint accounts do you have?			
Do you have any of the following?		YOU (amounts)	PARTNER (amounts)
Bank (Current/Card) Account	YES <input type="checkbox"/> NO <input type="checkbox"/>	£	£
Bank (Deposit) Account	YES <input type="checkbox"/> NO <input type="checkbox"/>	£	£
Building Society (Cheque/Card) Account	YES <input type="checkbox"/> NO <input type="checkbox"/>	£	£
Building Society (Savings) Account	YES <input type="checkbox"/> NO <input type="checkbox"/>	£	£
Post Office Account(s)	YES <input type="checkbox"/> NO <input type="checkbox"/>	£	£
National Savings Certificate or Premium Bonds	YES <input type="checkbox"/> NO <input type="checkbox"/>	£	£
Shares/Unit Trusts	YES <input type="checkbox"/> NO <input type="checkbox"/>	£	£
Other: including cash, PEPS, ISAs, Bonds, etc	YES <input type="checkbox"/> NO <input type="checkbox"/>	£	£
Do you own any other property, either in this country or abroad?		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give the full address of the property, and if appropriate, who the joint owner is: ..... ..... .....			

### Section 10 – Allowable Expenses: Children and Students

IF YOU DO NOT HAVE ANY CHILDREN GO TO SECTION 12

#### CHILDCARE COSTS

If you pay for any child under the age of 15 to go to a registered childminder or a registered childcare provider (nursery), you may be eligible for extra benefit. So that we can take your childcare costs into account, **please supply the following:**

i) Name of Registered Childminder/Nursery:

ii) Address of Registered Childminder/Nursery:  
.....  
.....  
.....

iii) Provide current certificate or complete OFSTED registration number held by Childminder or Nursery:

iv) Receipts from your childcare provider to show how much you have paid in childcare costs in the last 4 weeks.

#### STUDENT GRANT PAYMENTS

Do you or your partner pay any money to a son or daughter aged under 25 who is a student?

YES

NO

If YES, how much do you pay?

£

weekly/monthly/4 weekly (please delete)

You must send proof of these payments or indicate them on any bank statements which you are supplying



Is anyone in your home in full-time further education or on a training course? YES  NO

If YES, who is this? You  Partner  Any other person

Name of person:

Type of course:

Is it a Youth Training Course? YES  NO

What is the name of the College, Training Centre or placement?

How many hours per week is the course for?

**IMPORTANT NOTE**

**If you are the only person liable to pay Council Tax in your home and you have people listed in Section 12, whose combined total incomes are low, you may be entitled to a Second Adult Rebate (this will not apply if you have a partner or if anyone in your home pays rent to you on a commercial basis). Your entitlement to Council Tax Benefit may be assessed with their circumstances rather than your own. Ask the Council's Benefit Section for advice and a form.**

**Section 13 – Further Information**

Please give any further information you feel may be relevant to your claim for example, reasons for moving to your new address, a death in your household in the last 12 months, or a member of your family with special needs:

**Section 14 – 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 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**