

Flintshire County Council
CHANGE IN CIRCUMSTANCES FORM

Mae'r ddogfen hon ar gael yn Gymraeg. / This document is available in Welsh.

FOR OFFICIAL USE ONLY

Title	Customer Name
<input type="text"/>	<input type="text"/>
DOB	NINO
<input type="text"/>	<input type="text"/>
TEL	<input type="text"/>
Email	<input type="text"/>

Customer Address

Date Submitted	<input type="text"/>
Date Form Started	05/01/2024 8:42:31 AM
Data Validation Ref	<input type="text"/>

Form Filename	Flintshire HBCTR CIC Form (1.1).wdf
Form Reference	/
Advisor Name	Anonymous
Advisor Dept	Self-Service

Notes

DWP IP address	<input type="text"/>
Transaction Date	<input type="text"/>
Transaction Time	<input type="text"/>
Transaction Time Zone	<input type="text"/>
Ref:	CIC

Opening Questions

Are you reporting a change which effects;

Free School Meal entitlement

☐

Housing Benefit/Council Tax Reduction claim

☐Are you completing this form on behalf of someone else? Yes ☐ No ☐

Name of person completing the form

Relationship to claimant

Was the claimant present while the form was completed? Yes ☐ No ☐

Why was the claimant not present?

Claimant's Title

Claimant's Surname / Family Name:

Claimant's First Name(s):

Address

Postcode

If known, enter your Housing Benefit / Council Tax Reduction reference number here:

Do you have a partner who normally lives with you?

Yes ☐ No ☐**Note** - If you are reporting that a partner has recently moved in, please answer NO to this question.

What is your National Insurance Number?

If you don't know your NI number, or cannot find it, tick this box☐

Contact Information

What is your telephone number?

What is your email address?

What is your mobile telephone number?

If you claim Housing Benefit or Council Tax Reduction, by providing your email address you will be registered for My Accounts in order for you to view your Benefit claim and any notifications. You will be provided with full details of your username/password and how to access My Accounts, this will make your notifications more secure and will also ensure that you receive your notifications quicker.

Your change of circumstances

Please note that any changes that you report on this form will form the basis of your ongoing claim for Housing Benefit, Council Tax Reduction or Free School Meals award. If any of this information is found to be incorrect or incomplete then you, or your landlord, will have to pay back any Housing Benefit award that is overpaid or be invoiced for any overpayment of Free School Meal awards.

Therefore, it is important that you answer all questions accurately and completely.

Please read the statement below carefully before continuing with the form

As the applicant, I have an ongoing and continuous legal duty to notify the Benefits Section of any changes in my (or anyone in my household's) circumstances.

I confirm that I understand and accept the above statement

☐

What change in circumstances do you need to tell us about?

(You may tick MORE THAN ONE of these options if you have more than one change in circumstance to report)

You are changing address ☐

A partner has moved in or moved out of the household
(including the death of a partner) ☐

A child / children have moved in or moved out of the household
(including the birth of a new baby and death of a child) ☐

An adult / adults (other than a partner) have moved in or moved out of the household
(including the death of an adult) ☐

A member of the household will be temporarily absent from the property
(for example: a stay in hospital, residential care or prison) ☐

Your income has changed ☐

Your partner's income has changed ☐

The income of someone else in the household has changed ☐

Your capital (savings / investments) has changed ☐

Your partner's capital (savings / investments) has changed ☐

There has been a change to your rent or landlord at your current address ☐

You would like your payments to be made to a new / different bank account. ☐

You have become a student ☐

Your partner has become a student ☐

Other / none of the above options ☐

If none of these options fit your change in circumstances, please describe how your circumstances have changed in the box below:

New address details

You wish to report that **you have changed address**. Please answer the following questions.

What date are you moving?

► Please enter all dates in dd/mm/yyyy format

What address are you moving to?

What date does your tenancy start?

What date does your old tenancy end?

Postcode

Do you wish to still claim benefit at the new address?

Yes ☐ No ☐

I wish to claim:

Housing Benefit ☐ Council Tax Reduction ☐

I am a;

Owner Occupier ☐ Private Tenant ☐ Council Tenant ☐

Housing Association ☐

Are you and / or your partner going to be liable to pay the rent?

Yes ☐ No ☐

Which of the following will you be at your new address?

☐ Housing association or social landlord tenant

☐ Private tenant

☐ Council tenant

Are you buying all or part (sometimes called shared ownership) of the property?

Yes ☐ No ☐

What is the completion date?

Are you responsible for paying the Council Tax?

Yes ☐ No ☐

How many other people have moved into the new property with you?

Name	Date of birth	National Insurance Number	Relationship to you

Will you have a new telephone number?

Yes ☐ No ☐

What is your new telephone number?

Is there any period when you have to pay rent for both your old and new property?

Yes ☐ No ☐

Tell us why

Do you own any other property elsewhere?

Yes ☐ No ☐

Address of other property

What is the status of the former property?

Postcode

Has your or your partner's income changed as a result of this move?

Claimant	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Partner	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Has your or your partner's capital changed as a result of this move?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Have you anything else that you wish to report?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Partner details

You have told us that there is a partner in the property. Please provide their details below:

Partner's first name?

Partner's surname / family name?

Gender

What is their National Insurance Number?

If your partner does not have an NI number, or cannot find it, tick this box. ☐

Is the partner moving into or out of the property?

Into ☐ Out ☐

Is this due to the death of your partner?

Yes ☐ No ☐

If this is due to the death of your partner:

Please confirm the date that they passed away:

► Please enter all dates in dd/mm/yyyy format

If a partner has moved out of the property:

The date they left the property?

What is their new address?

Postcode

If a partner has moved into the property:

What is their Date of Birth?

Is your partner registered blind?

Yes ☐ No ☐

Is your partner unable to work because of illness or a disability?

Yes ☐ No ☐

If YES when did your partner last work?

Are they an apprentice?

Yes ☐ No ☐

Are they on Youth Training?

Yes ☐ No ☐

Are they severely mentally impaired?

Yes ☐ No ☐

Has your partner got a vehicle from a Mobility Scheme?

Yes ☐ No ☐

Is your partner in hospital?

Yes ☐ No ☐

If YES when was your partner admitted?

Partner details

Please complete the remaining questions on this page regarding the change in circumstance to your partner.

Is your partner a student?

Yes ☐ No ☐

Name of College/University

Name of the course

When did the course start?

Please detail any loans or grants associated with this course

Is the course: Full-time ☐

When will it end?

Part-time ☐

What was your partner's previous address?

Postcode

What was their status at their previous property? (e.g. were they the owner?)

What date did they move into your property?

If a partner has moved in:

Is the partner who is moving in working for an employer?

Yes ☐ No ☐

Is the partner who is moving in self-employed?

Yes ☐ No ☐

Is the partner who is moving in getting any other benefits or waiting to hear about benefits they have claimed?

Yes ☐ No ☐

Does the partner who is moving in have any bank accounts, building society accounts or other savings and investments?

Yes ☐ No ☐

Student Status

Are you a student?

Yes ☐ No ☐

Name of College/University

Name of the course

When did the course start?

Please detail any loans or grants associated with this course

Is the course: Full-time ☐

When will it end?

Part-time ☐

Child / Children details

You wish to report that there has been a **change in circumstances to a child / children in the property**. You can report if a child in the household has -

- Moved into the property (including the birth of a new baby)
- Moved out of the property
- Passed Away

Please answer the following questions:

For how many children do you need to report a change in circumstance?

Child's surname / family name?

Child's other names?

Child's Gender

What type of change in circumstance do you wish to report for this child?

Is this child a newly born baby?

What date was the baby born?

► Please enter all dates in dd/mm/yyyy format

What was the date the child moved into the property?

What is the child's Date of Birth?

What was the child's previous address?

Postcode

Postcode

Postcode

What is the child's relationship to you?

Is the child registered blind?

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

Or getting Disability Living Allowance?

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

If over 15 what date do you think that Child Benefit will end?

Are you or your partner receiving child benefit for this child?

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

If a child has moved out:

Date they left the property?

What is their new address?

Postcode

Postcode

Postcode

Has this in anyway altered the income, or the capital of the household?

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

If this is due to the death of the child:

Please confirm the date they passed away:

Has this in anyway altered the income, or the capital of the household?

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

Other adult details

You wish to report that there has been a **change in circumstances to an adult in the property**. You can report if an adult in the household has -

- Moved into the property
- Moved out of the property
- Passed Away

Please answer the following questions:

For how many adults do you need to report a change in circumstance?

I can confirm that I have permission from the persons listed below to provide their personal information on this application form

	Person 1	Person 2	Person 3
Person's surname / family name	<div></div>	<div></div>	<div></div>
Other names	<div></div>	<div></div>	<div></div>
Relationship to you (e.g. son, mother, etc.)	<div></div>	<div></div>	<div></div>
Gender	<div></div>	<div></div>	<div></div>
What type of change in circumstance do you wish to report for this person?	<div></div>	<div></div>	<div></div>

If an adult has moved out:

Date they moved out of the property?	<div></div>	<div></div>	<div></div>
What is their new address?	<div></div>	<div></div>	<div></div>
	Postcode <div></div>	Postcode <div></div>	Postcode <div></div>

If an adult has died:

The date they died?	<div></div>	<div></div>	<div></div>
---------------------	-------------	-------------	-------------

If an adult has moved in:

Date they moved into the property?	<div></div>	<div></div>	<div></div>
Date of Birth	<div></div>	<div></div>	<div></div>
Please tell us their National Insurance number	<div></div>	<div></div>	<div></div>
If they are employed, what is their gross weekly wage before deductions?	<div></div>	<div></div>	<div></div>
How many hours do they work? (Weekly)	<div></div>	<div></div>	<div></div>
Do they pay rent or money for board and lodgings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much (a week)?	<div></div>	<div></div>	<div></div>
Do they get Pension Credit, Income Support, Income-based Jobseeker's Allowance or Income-related Employment and Support Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which one?	<div></div>	<div></div>	<div></div>
Do they get Universal Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other adult details

Please answer the remaining questions regarding the changes in circumstances to adults in the property:

	Person 1	Person 2	Person 3
Are any of these people married or living together as a couple?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Partner's forename(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner's surname / family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they in prison or on remand?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did they go into prison or were held on remand?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they in hospital at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did they go in?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they getting Disability Living Allowance (care)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they Registered Blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they getting Attendance Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they getting any other benefits or allowances	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us which?	<input type="text"/>	<input type="text"/>	<input type="text"/>
If on Youth Training, when will their Training Scheme will end?	<input type="text"/>	<input type="text"/>	<input type="text"/>
If a student, when will their student course end?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please tell us any further details or changes that you think we should know about	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please tell us their previous address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	Postcode <input type="text"/>	Postcode <input type="text"/>

Tenant and boarder details

You wish to report that there has been a **change in circumstances to tenants and boarders in the property**. You can report if a tenant or boarder in the household has -

- Moved into the property
- Moved out of the property
- Died

Please answer the following questions:

For how many tenants or boarders do you need to report a change in circumstance?

Surname / family name

Other names

What type of change in circumstance do you wish to report for this tenants or boarder?

If a tenant or boarder has moved out:

Date they moved out of the property?

► Please enter all dates in dd/mm/yyyy format

What is their new address?

Postcode

Postcode

Postcode

If a tenant or boarder has passed away:

The date they died?

If a tenant or boarder has moved in:

When did they move in?

How much rent do they pay you each week?

Is heating included? YES or NO

Are any meals included? YES or NO

Are they related to you? YES or NO

If Yes what relation?

Temporary absence

You have indicated that a member of the household will be temporarily absent from the property, we will need to know the reason for this absence, and how long they intend to be away for.

Please note - we will need to contact you to advise how this change will affect your benefit entitlement.

A Benefits Service officer will be in touch after you have submitted this form.

Please answer the following questions:

Tell us who is going to be temporarily absent from the property?

Surname

Other Names

The reason for the absence:

- ☐ Hospital
- ☐ Residential care
- ☐ Prison
- ☐ Other - Provide details:

From what date will the absence from the property begin?

Do they intend to return to the property?

Yes ☐ No ☐

On what date do you think they are likely to return to the property?

Have you or do you intend to let all or part of your property out whilst they are away?

Yes ☐ No ☐

Please use this box to provide any extra details regarding the person's absence

Income details

From the answers you have given us you have indicated that there has been a change to the income of someone in your household. Please answer the following questions:

Whose income do you wish to report a change in circumstance for?

The claimant

Yes ☐ No ☐

A partner

Yes ☐ No ☐

Another adult in the property

Yes ☐ No ☐

I can confirm that I have permission from the other adults in the property to provide their personal information on this application form

☐

Is this change due to a change in your earned income from an employer?

Yes ☐ No ☐

Is this a change to the self-employed income?

Yes ☐ No ☐

Is this a change to any other income?
*This is any other income you receive.
For example - tax credits, a pension
or any other State Benefit*

Yes ☐ No ☐

Please explain the reason for the change in your income:

Employment affected benefits:
If you are starting work and coming off Jobseeker's or Employment and Support Allowance or vice versa, select **Yes** to *Is this a change to the income earned from working for an employer?* and **Yes** to *Is this a change to any other income?*

*Please note that if you are changing from one income type to another (for example from earned income to receiving benefits or the other way around) you will need to choose **YES** for both of the income questions above.*

Earned Income

Have you or your partner lost or left the job you have previously told us about when claiming benefit?
Employer's Name

Claimant

Yes ☐ No ☐

Employer's Name

Partner

Yes ☐ No ☐

Employer's Name

Are you or your partner providing details for a new employer?

Yes ☐ No ☐

Yes ☐ No ☐

Are you or your partner providing updated details of the job you told us about previously, when claiming benefit?

Yes ☐ No ☐

Yes ☐ No ☐

From what date did your earned income change?

What date did the job end?

Kind of work

Employer's Name

Employer's Address

Postcode

Postcode

When did you start this job?

Is your job expected to last more than 5 weeks? Yes ☐ No ☐

Yes ☐ No ☐

How long is your job expected to last?

Your wage details

Frequency	Payslip date	Gross pay	Tax	<input type="checkbox"/> National Insurance	Pension	Other Deductions	Net pay

Your partner's wage details

Frequency	Payslip date	Gross pay	Tax	<input type="checkbox"/> National Insurance	Pension	Other Deductions	Net pay

How many hours do you work per week?

What is your current hourly rate?

Do you receive any Bonus, Commission or Tips?

Yes ☐ No ☐

Yes ☐ No ☐

How much? How often?

How much? How often?

Do you or your partner do any other jobs?

Yes ☐ No ☐

Yes ☐ No ☐

Has there been any change to the income of this job?

Yes ☐ No ☐

Yes ☐ No ☐

If **Yes**, give details of where you work and what you do (including part time firefighters, members of the territorial Army / reserve forces or voluntary work)

Employer's Name

Employer's Address

Postcode

Postcode

What do you do?

When did you start this job?

How often do you get paid?

How much do you get paid? (Before deductions)

How many hours do you work per week?

Do you receive any Bonus, Commission or Tips?

Yes ☐ No ☐

Yes ☐ No ☐

How much? How often?

How much? How often?

Self-Employment Income

Please answer the following questions:

To support your change in circumstances you will need to fill in a Self-Employed Earnings Form which can be found on the Flintshire Council website: www.flintshire.gov.uk.

	Claimant	Partner
Is this a new self employed business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
From what date did your self-employed income change?	<input type="text"/>	<input type="text"/>
	► Please enter all dates in dd/mm/yyyy format	
Kind of work	<input type="text"/>	<input type="text"/>
Business Name	<input type="text"/>	<input type="text"/>
Business Address	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Do you have a business partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many hours do you work per week?	<input type="text"/>	<input type="text"/>
Do you receive any Business Start-up Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What date did you become self-employed?	<input type="text"/>	<input type="text"/>
Total income to your business from trading/sales/services provided (i.e income before any expenses are deducted)	<input type="text"/>	<input type="text"/>
Over what period was the income received?	Start Date <input type="text"/>	<input type="text"/>
	End Date <input type="text"/>	<input type="text"/>

About your spending

Please answer the following questions:

	Claimant	Partner
Do you pay any Childcare costs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes or No How much? How often?	Yes or No How much? How often
Have your Childcare costs changed?	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/> <input type="text"/>
If yes, from what date?	<input type="text"/>	<input type="text"/>
Is the childcare:		
	School term time <input type="checkbox"/>	School term time <input type="checkbox"/>
	Holidays only <input type="checkbox"/>	Holidays only <input type="checkbox"/>
	All year <input type="checkbox"/>	All year <input type="checkbox"/>

Please print and complete the Childcare Costs form on page 42.

	Yes or No	How much?	How often?	Yes or No	How much?	How often
Do you pay any money towards the upkeep of a student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Do you pay into a private pension scheme other than through your wages or salary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

Other income

Read the list of other incomes below and tell us about any changes to those you or your partner are getting now or have recently claimed. If you are receiving an income that is not listed below, please tell us about this in the extra space provided on Page 31.

- | | | |
|--|--|---|
| <input type="checkbox"/> Adoption Pay | <input type="checkbox"/> Industrial Death Benefit | <input type="checkbox"/> Redundancy Pay or Payment instead of notice or holiday |
| <input type="checkbox"/> Annuity | <input type="checkbox"/> Industrial Disablement Benefit | <input type="checkbox"/> Severe Disablement Allowance |
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Industrial Injuries Disablement Benefit | <input type="checkbox"/> State Retirement Pension |
| <input type="checkbox"/> Bereavement Allowance | <input type="checkbox"/> Jobfinders grant or jobmatch payments | <input type="checkbox"/> Statutory Maternity / Paternity Pay |
| <input type="checkbox"/> Carer's Allowance (including UE) | <input type="checkbox"/> Jobseekers Allowance (I.B) | <input type="checkbox"/> Statutory or other Sick Pay |
| <input type="checkbox"/> Child Benefit | <input type="checkbox"/> Jobseekers Allowance (C.B) | <input type="checkbox"/> Trust fund |
| <input type="checkbox"/> Child Tax Credit | <input type="checkbox"/> Maternity / Paternity Allowance | <input type="checkbox"/> Universal Credit |
| <input type="checkbox"/> Disability Living Allowance | <input type="checkbox"/> Maintenance or child Support payable | <input type="checkbox"/> War Disablement Pension or Benefit |
| <input type="checkbox"/> Employment and Support Allowance | <input type="checkbox"/> New Deal top up payments | <input type="checkbox"/> Workbased Training Allowance |
| <input type="checkbox"/> Fostering or Guardian's Allowance | <input type="checkbox"/> Pension from past employer | <input type="checkbox"/> Widow's or widower's Parents Allowance |
| <input type="checkbox"/> Incapacity Benefit | <input type="checkbox"/> Pension Guarantee Credit | <input type="checkbox"/> War Pension or War Widows Pension |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Pension Savings Credit | <input type="checkbox"/> Working Tax Credit |
| | <input type="checkbox"/> Personal Independence Payment Living & Mobility | |

How many of the above benefits that you are claiming have changed or you are waiting to hear about? We will need to know whether the amount you are receiving for any of these has altered for you and / or your partner. This is true irrespective of whether the income has gone up or gone down. You should inform us of any where you have made a claim and are waiting to hear the outcome.

	Claimant	Partner
Please tell us how many of the above benefits have changed? (You and / or your partner should also include any recently awarded benefits that you / they have not previously notified us of).	<input type="text"/>	<input type="text"/>
1. Name of the benefit or pension	<input type="text"/>	<input type="text"/>
	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
Date of change / benefit started	<input type="text"/> No longer receiving <input type="checkbox"/>	<input type="text"/> No longer receiving <input type="checkbox"/>
How much is received?	<input type="text"/>	<input type="text"/>
How often do you receive it?	<input type="text"/>	<input type="text"/>
By what method?	<input type="text"/>	<input type="text"/>
2. Name of the benefit or pension	<input type="text"/>	<input type="text"/>
	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
Date of change / benefit started	<input type="text"/> No longer receiving <input type="checkbox"/>	<input type="text"/> No longer receiving <input type="checkbox"/>
How much is received?	<input type="text"/>	<input type="text"/>
How often do you receive it?	<input type="text"/>	<input type="text"/>
By what method?	<input type="text"/>	<input type="text"/>
3. Name of the benefit or pension	<input type="text"/>	<input type="text"/>
	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
Date of change / benefit started	<input type="text"/> No longer receiving <input type="checkbox"/>	<input type="text"/> No longer receiving <input type="checkbox"/>
How much is received?	<input type="text"/>	<input type="text"/>
How often do you receive it?	<input type="text"/>	<input type="text"/>
By what method?	<input type="text"/>	<input type="text"/>
4. Name of the benefit or pension	<input type="text"/>	<input type="text"/>
	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Currently receiving <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
Date of change / benefit started	<input type="text"/> No longer receiving <input type="checkbox"/>	<input type="text"/> No longer receiving <input type="checkbox"/>
How much is received?	<input type="text"/>	<input type="text"/>
How often do you receive it?	<input type="text"/>	<input type="text"/>
By what method?	<input type="text"/>	<input type="text"/>

Other adult income details

You wish to report that there has been a **change in income to an adult / adults in the property.**

Please answer the following questions:

For how many adults do you need to report a change in income for?

Adult's surname / family name

Other names

Date of Birth

► Please enter all dates in dd/mm/yyyy format

Relationship to you (e.g. son, mother, etc)

What date did their income change?

Is this change due to leaving their job?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Is this change due to a new job?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

How long is this job expected to last?

Is this change due a wage change at their current job?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Employer's Name

What is their gross wage - before any deductions?

How many hours do they work? (Weekly)

Interest on savings they get each year. If none write "None"

Do they get Pension Credit, Income Support, JSA or ESA?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Which one?

Do they get Universal Credit?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Any other changes of income you need to tell us about for this person

Capital details

From the answers you have given us you have indicated that there has been a change in capital in your household. Please answer the following questions:

Has there been a change to your capital?

Yes ☐ No ☐

Has there been a change to your partner's capital?

Yes ☐ No ☐

Date of capital change

DD/MM/YYYY

Please tell us why the amount of capital has changed

Partner

DD/MM/YYYY

Bank & Building society accounts
(including current accounts)

Yes ☐ No ☐

Amount

Account 1 (account number, amount)

Account 2 (account number, amount)

Account 3 (account number, amount)

Account 4 (account number, amount)

Account 5 (account number, amount)

Account 6 (account number, amount)

Yes ☐ No ☐

Amount

National Savings Certificates

Yes ☐ No ☐

Yes ☐ No ☐

National Savings

Issue Number

Amount Held

Issue Number

Amount Held

Post Office account

Yes ☐ No ☐

Yes ☐ No ☐

Premium Bonds

Yes ☐ No ☐

Yes ☐ No ☐

Bonds

Yes ☐ No ☐

Yes ☐ No ☐

Unit trusts

Yes ☐ No ☐

Yes ☐ No ☐

ISAs

Yes ☐ No ☐

Yes ☐ No ☐

ISAs - Total Value

Total Number of ISAs

TESSAs / PEPs

Yes ☐ No ☐

Yes ☐ No ☐

Shares

Yes ☐ No ☐

Yes ☐ No ☐

Shares 1 - Approximate Value

Name of company the shares are held in

Number of shares held

Shares 2 - Approximate Value

Name of company the shares are held in

Number of shares held

Cash savings

Yes ☐ No ☐

Yes ☐ No ☐

Other (enter amount and explain below)

Yes ☐ No ☐

Yes ☐ No ☐

Do you receive a Second World War
Compensation Payment?

Yes ☐ No ☐

Yes ☐ No ☐

Do you receive a vCJD Trust payment?

Yes ☐ No ☐

Yes ☐ No ☐

Do you or your partner, or any of the children
in your household, own or have an interest in
any land or property in this country or abroad
other than the home you live in?

Yes ☐ No ☐

Yes ☐ No ☐

Other Property Details

	Claimant	Partner
Address of Second Property	<div></div>	<div></div>
	Postcode <div></div>	Postcode <div></div>
Current Value of property	<div></div>	<div></div>
Is a mortgage or any other debt secured on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please tell us how much the mortgage is	<div></div>	<div></div>
Does a sick, disabled or elderly relative live in the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does an ex- partner live in the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any dependants still living at the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you let the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, how much rent do you receive per week?	<div></div>	<div></div>
Is the property for sale?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, from what date?	<div></div>	<div></div>

► Please enter all dates in dd/mm/yyyy format

Rent details

You have indicated that there has been a change in your rent at your current address. Please provide us with details below.

Which of the following are you at your current address?

- ☐ Housing association or social landlord tenant
- ☐ Private tenant
- ☐ Council tenant
- ☐ Other

Has there been a change to the details of your landlord?

Yes ☐ No ☐

Is your landlord an individual or an organisation?

Individual ☐ Organisation ☐

Landlord's Company Name?

Landlord's surname / family name?

Landlord's forename?

Address of landlord?

Postcode

Has the rent you pay changed?

Yes ☐ No ☐

Why has the rent you pay changed?

Date of rent change?

▶ Please enter all dates in dd/mm/yyyy format

What is the new amount of rent charged?

Is this a rent increase ☐ or decrease ☐

What is the frequency of payment?

Does the Rent you pay include?

If Yes How Much?

General Counselling and Support?

Yes ☐ No ☐

Cleaning of rooms and windows

Yes ☐ No ☐

Emergency Alarm System

Yes ☐ No ☐

Water Rates

Yes ☐ No ☐

Council Tax

Yes ☐ No ☐

Fuel

Yes ☐ No ☐

Heating

Yes ☐ No ☐

Lighting

Yes ☐ No ☐

Hot Water

Yes ☐ No ☐

Laundry

Yes ☐ No ☐

Personal Care and Support

Yes ☐ No ☐

Gardening

Yes ☐ No ☐

Garage

Yes ☐ No ☐

TV License

Yes ☐ No ☐

Cleaning

Yes ☐ No ☐

Meals

Yes ☐ No ☐

For which meals? (please choose.)

Breakfast ☐

Lunch ☐

Evening Meal ☐

Rent details

You have indicated that you have changed address and you are liable to pay rent. Please provide us with details below.

Is your home a (please choose one):

Detached House	<input type="checkbox"/>	Houseboat	<input type="checkbox"/>
Semi- detached House	<input type="checkbox"/>	Flat in Block	<input type="checkbox"/>
Terraced House	<input type="checkbox"/>	Flat in House	<input type="checkbox"/>
Detached Bungalow	<input type="checkbox"/>	Flat over Shop	<input type="checkbox"/>
Semi-detached Bungalow	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Caravan, Mobile Home	<input type="checkbox"/>	Room(s) or Bedsit	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please Specify:	<input type="text"/>

How many floors are in the whole building?

If you rent a flat, maisonette or room, please complete the following section:

What floor(s) is your room/ flat on?

Tell us the number of rooms-

Living Rooms
Bedrooms
Kitchens
Bathrooms or Shower Rooms
Separate Toilets
Bedsits
Other Rooms

TOTAL ROOMS

In the whole property	For you/ your family's sole use	Shared with other people
<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"/>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you set aside any of the above rooms for an overnight carer?

Yes ☐ No ☐

☐ Use rooms for whole property for sole use.

Do you have a disabled child that you consider should not share a bedroom with another person?

Yes ☐ No ☐

Have you or your partner fostered a child or become an approved foster carer in the last 12 months?

Yes ☐ No ☐

When did your tenancy begin at this address?

Period of tenancy? (for example, 6 months, 12 months)

If 'Other', explain:

Are you or your partner related to your Landlord or Agent?

Yes ☐ No ☐

Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

If YES what is the relationship? Please explain.

Does your landlord live in the property?

Yes ☐ No ☐

Do you use your house for business?

Yes ☐ No ☐

Do you have another home somewhere?

Yes ☐ No ☐

Are you a joint tenant?

Yes ☐ No ☐

If YES, what share of the rent do you pay?

Please give the name(s) of the joint tenant(s):

Surname / family name

First name

Rent details

Was the accommodation let-

Furnished? ☐Part-Furnished? ☐Unfurnished? ☐

Are you behind with your rent?

Yes ☐ No ☐If yes, how many weeks?

How much rent does your landlord charge?

How often is your rent due?

Do you have a main home somewhere else?

Yes ☐ No ☐

Do you have any weeks when you do not have to pay rent?

Yes ☐ No ☐If so how many weeks?

Has your rent been registered as a fair rent by a Rent Officer?

Yes ☐ No ☐

Is the property centrally heated?

Yes ☐ No ☐

Do you have a garden?

Yes ☐ No ☐

Do you have use of a parking space or garage?

Yes ☐ No ☐**Does the Rent you pay include?****If Yes How Much?**

General Counselling, Personal Care and Support?

Yes ☐ No ☐

Cleaning of rooms and windows

Yes ☐ No ☐

Emergency Alarm System

Yes ☐ No ☐

Water Rates

Yes ☐ No ☐

Council Tax

Yes ☐ No ☐

Electricity/ Gas

Yes ☐ No ☐

Heating

Yes ☐ No ☐

Lighting

Yes ☐ No ☐

Hot Water

Yes ☐ No ☐

Laundry

Yes ☐ No ☐

Any other services? (outline below)

Does your rent include payment for cooked meals?

Yes ☐ No ☐

If YES what meals are included?

Breakfast ☐Lunch ☐Dinner ☐**Your Landlord:**

Is your landlord an Organisation or an Individual?

Organisation ☐Individual ☐

Organisation Name:

Surname:

Firstname:

Address:

Postcode

Please give the agent's full name and address (if applicable):

Full Name:

Address:

Postcode

Child / Children details

You wish to report that there has been a **change in circumstances to a child / children in the property with regards to Free School Meals**. You can report if a child in the household has -

- Changed Schools
- Left School

Please answer the following questions:

For how many children do you need to report a change in circumstance?

Child's surname / family name?

Child's other names?

Child's Gender

What type of change in circumstance do you wish to report for this child?

► Please enter all dates in dd/mm/yyyy format

What is the child's Date of Birth?

Date the child changed / left school?

Please select the childs new school:

Or

What is the child doing now?

- If you are awarded Council Tax Reduction, we will pay this direct to your Council Tax account.
- If you are awarded Housing Benefit, you may be able to choose where to have your money paid. We can arrange to pay your money:
 - straight into a bank, building society;
 - in some cases, direct to your landlord.

Payment direct into an account

For your convenience and security we recommend that payment is made direct into your bank/ building society account. You can obtain advice on opening and running an account from any bank or building society of your choice. You can also get independent advice from the Citizens Advice Bureau.

You may be able to use a cash machine, which will usually mean you can get your money at any time of the day or night. You can use most of these machines for free, but some of them will charge you to take your money out. If so, you will be warned by a message on the screen. This will give you the opportunity to cancel your transaction without being charged.

You can check your Housing Benefit payments on your account statements. If you think your payment is wrong, get in touch with the office that pays you.

Part A: Selecting your preferred payment option

for Private Tenants

You agree to be paid direct into an account.

☐ Please complete **Part B** on this page

If there is a reason why you cannot manage your own rent payments we may be able to pay your landlord directly. If so please select this option.

☐ Please print out and complete the extra 'Paying LHA Direct to your Landlord' form on page 38.

for Housing Association Tenants

You agree to be paid direct into an account.

☐ Please complete **Part B** on this page

You would like payment to be made direct to your landlord.

☐

Part B: Account Details

Please provide details of your account below:

Bank / Building Society Name

Branch

Account Holder Name(s)

Account Number

Roll Number (Building Society only)

Sortcode

Flintshire County Council

Ref:

You should print and complete this form by hand as you have told us you don't want to provide your account details on the electronic form. Please return the completed print out to the address shown below.

Address

Postcode

Please return this completed form to:

Victoria Forms Demo Address
Demo Address Line 1
Your Council Address Here

Full name

Payment into an account

What name or names is the account in?

Tick one box only to say what type of account you want your money paid into. Then fill in the details of the account.

☐**Bank or building society cheque account or bank deposit account - not a mortgage account**

Name of bank or building society

Branch Sort code

Account number

Type of account - for example, a deposit or current account

☐**Building society savings account - not a cheque or mortgage account**

Name of bank or building society

Account number

Roll number

☐**National Savings Bank investment account - not an ordinary account**

Account number

Please pay any Housing Benefit I may be entitled to by the method I have selected. I understand that once I have selected a payment method, it will not be changed without written instructions.

Date:

Your Signature:

Ref: **Direct Payment to Landlord Form**

You should print and complete this form by hand if you want us to consider paying your benefit straight to your landlord. Please return the completed print out to the address shown at the bottom of the page.

If you want us to pay your benefit straight to your landlord, you must sign this declaration.

Your declaration

Please pay my Housing Benefit straight to my landlord.

- **I understand** that I must always tell you about any change in my circumstances.
- **I understand** that if I do not tell you about any change in my circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit.
- **I understand** that I may be prosecuted if I do not tell you about any change in my circumstances.

Address
Full name**Signature****Date****Your landlord's declaration****Full Name****Company Name****Address**

Postcode

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

- I must tell you straight away if I find out about any change in the tenant's circumstances.
- You can stop paying benefit to me if I do not tell you about any change in the tenant's circumstances.
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to, and
- If you pay me too much Housing Benefit for any tenant, I may have to repay it.
- You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Signature**Date**

Please, print, complete and return this form to:

Sharing information with your landlord could help us deal with your application more quickly and reduce the risk of you falling behind with your rent because of your application being delayed.

We may need to confirm information with your landlord before we can make a decision on your application, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

The law states that we must inform your landlord of certain decisions we make on your application, for example, when a decision is made to pay your benefit to your landlord. Under the Data Protection Act 1998 we need your permission to talk about anything else.

You can withdraw your permission at any time.

It will not affect your application if you do not give us permission to talk about your application with your landlord.

If you give us permission, we would be able to tell your landlord whether:

- you have claimed Housing Benefit, or
- we have made a decision on your application, or
- we need more information to make a decision on your application, and what that information may be.

We will not give your landlord any information about:

- your personal or household circumstances, or
- your financial circumstances

Do you give us permission to share information about the progress of your Housing Benefit application with your landlord or their representative?

No ☐

Yes ☐

Summary

Please review the changes in your circumstance you have told us about. If they are correct, please proceed to the declaration on page 34.

If the details you see are incorrect, please navigate back and re-enter the details for the applicable sections.

- Opening Questions -

The claimant to which the changes reported in this form apply to is

Summary

The change in your circumstances

Please review the list below and check if you have told us about all of the changes in your circumstance that you know of.

So far on this form, you have told us about the following changes -

You can still tell us about any of the remaining changes in circumstance that apply to you from the list below -

- A partner has moved in or moved out of the household
(including the unfortunate death of a partner)

☐
- A child / children have moved in or moved out of the household
(including the birth of a new child and death of a dependant)

☐
- An adult / adults have moved in or moved out of the household
(including the death of a non-dependant)

☐
- A tenant or boarder has moved in or out of the household
(including the death of a tenant or boarder)

☐
- A member of the household will be temporarily absent from the property
(for example: a stay in hospital, residential care or prison)

☐
- Your income has changed

☐
- Your partner's income has changed

☐
- The income of someone else in the property has changed

☐
- Your capital (savings / investments) has changed

☐
- Your partner's capital (savings / investments) has changed

☐
- There has been a change to your rent at your current address

☐
- Other / none of the above options

☐

Any other information

Please use the space below to tell us any additional information that you think we should know regarding your change in circumstance.

You are at the end of the Change in Circumstances form.

Please now go back through it and check the answers you have given - click on the Show Errors button to highlight any omissions or mistakes you may have made.

Once the form has been checked and is free of errors you should read the important statement below and on the next page regarding any changes you have reported.

Privacy Policy

Flintshire County Council will use the information you give in this form, and any supporting evidence you provide, to process your claim for Housing Benefit and Council Tax Reduction. This is required under Housing Benefit and Council Tax Reduction regulations.

All information will be held securely on our system.

Flintshire County Council may pass the information to other agencies or organisations such as the Department for Work and Pensions (D.W.P) and the HM Revenue & Customs (H.M.R.C), as allowed by the law.

Flintshire County Council may check information you have provided about yourself, your partner, your children and any other adults that live in your household, or information that someone else has provided, with other information Flintshire County Council hold. Flintshire County Council may also get information from other government agencies and certain third parties, or give information to them to:

- make sure the information is accurate
- prevent or detect crime, and
- protect public funds.

Information received from HMRC and/or DWP that indicate a change of circumstances may result in your benefits being adjusted automatically by our system.

Flintshire County Council will not give information about you to anyone else, or use information about you for other purposes unless the law allows this.

The processing of your data is necessary for the performance of a task carried out in the public interest or in the exercise of official authority. It is also necessary for compliance with a legal obligation to which the Council is subject.

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights please see our privacy notice on our website - <http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>

Please read the important statement below regarding your change in circumstances.

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign below. In signing the form they are confirming that they have read the form and that all the details about them are correct.

By completing this declaration, you are agreeing that you have read, understood and confirmed your agreement to the following terms.

☐ I / We have declared all of my/our income and capital

☐ I / We authorise the Council to make any enquiries to verify the information on this form and to cross check the information given with other sections within the Council, Benefit Authorities and the Home Office as allowed by law. (Flintshire County Council may be asked to provide, and will share, information to other organisations, such as government departments, local authorities and organisations that lend money, if the law allows this).

☐ If I / We give information that is incorrect or incomplete, or I / We fail to report a change in circumstances which may effect the claim, I / We may be prosecuted under the Social Security Administration Act 1992 (as amended) or the theft act 1968.

☐ I / We **know** I / We must let the Benefit Section at Flintshire County Council, County Hall, Mold, CH7 6NR know **immediately** and in writing of any change in circumstances which may affect the claim. I / We accept that it is our responsibility to do so and that, if unsure of whether a change in circumstances affects the benefits or not, I / We will contact the Benefit Section at Flintshire County Council, County Hall, Mold, CH7 6NR, to check.

☐ I / We **declare** the information I / We have given on this form is correct and complete.

Claimant / Applicant Confirmation

Check

☐

Sign

Date

Partner / Alternative Applicant Confirmation

Check

☐

Sign

Date

Please tick this box if you agree to receive your Housing Benefit or Council Tax Reduction Notification letters by email

☐

Name:

You should click the **SUBMIT** button to send this form to us once you have checked your answers carefully and checked the box above to declare your agreement and understanding of the declaration statement above.

The Benefits Section may require evidence of these changes, for example proof of wage slips or bank statements. We will contact you if we require these proofs.

P Proof Details

Please provide evidence to support the change you have reported. Unless the Council agrees to extend the time limit the evidence must be provided within one calendar month from submitting this form.

Declaration by person completing the form

Tell us why you have filled this form in for the claimant / applicant

Your name

Relationship to claimant / applicant

Name of organisation (if applicable)

Your daytime telephone number (this may help us if we have any queries)

- I have confirmed with the claimant / applicant that the answers I have entered on this form are correct
- I will ensure that the claimant / applicant is aware of the evidence needed to support this claim (see pages 35 / 36 / 37)

I, completing the form on the claimant's / applicant's behalf, agree with the above statements

☐

- Have you completed the claim form and resolved all errors and omissions?
- If required, have you provided additional information on page 32?
- Have you submitted your form?
- Did you see the on-screen confirmation message that we have received your form?
- Have you printed any additional forms that you require?
- If you would like a copy of your application, you can use the **Create a PDF** option.

We must see proof of the information that you have provided in this claim form. The proof must be supplied within one month of the date you submit your form. You must provide original documents. We cannot accept photocopies, or email attachments.

Once you have submitted your claim, the following list will show the proof that you must provide. More details about what is acceptable is listed on the following pages.

Please provide evidence of the following from the date of change

Have you included all the evidence we need to process your claim?**Proof of your National Insurance number**

You must send us an original document to confirm your and your partner's National Insurance number.

You can find your National Insurance number on your:

- P45;
- P60;
- Wage or salary slips;
- Tax letter;
- Letters from the Department for Work and Pensions or Pension Service; or
- National insurance card.

Proof of your and your partner's identity

You must prove your and your partner's identity before we can pay you any benefit. You must send us one form of identity as well as proof of your National Insurance number.

Here are some examples of the original documents that we will accept as proof.

- Bank statement (dated within four weeks before the date you make the claim)
- Birth certificate (full or short)
- Certificate of employment in HM Forces
- Certificate of employment in the Merchant Navy
- Divorce or annulment papers
- Driving licence
- Home Office standard acknowledgement letter (SAL 1 or 2)
- Identity card issued by a European Community (EU), or European Economic Area (EEA) member state
- Letter from your solicitor, social worker, probation officer or the Inland Revenue
- Life assurance policies
- Marriage certificate
- Medical card
- Passport (current and valid)
- UK Residence permit
- Utility bill (such as gas or electricity) paid in your name for the last quarter
- Wage slips from current employer

Proof of who lives in your home**For children**

- Child Benefit advice letter telling you that child benefit will be paid into your bank account. The advice letter must show the current rates of payment.
- Disability Living Allowance / Personal Independence Payment advice letter informing that payments are credited to a bank account. The advice letter must show the current rates of payment.

For anybody else who lives with you as part of your family (but not a sub-tenant or lodger)

- Wage slips to show their earnings before deductions.
- Proof of any other income they may receive including benefits, private pension details and confirmation of interest they have received from their savings and investments.
- Proof that they are a student, on a government training scheme or an apprentice.

Evidence of income**Benefits and allowances**

- The benefit advice letter telling you that benefit will be paid into your bank account.
 - The advice letter must show the current rates of payment.
- Benefit payment card and receipt from a post office showing the amount of the last payment you received.
- Current bank statements showing that the benefit has been paid into your bank account.
- We need to see your letter confirming that you get Working Tax Credit or Child Tax Credit.

Pensions

- The Pension letter.
- Current bank statements showing that the pensions (private or State Retirement Pension) have been paid into your bank account.
- A private or occupational pension advice slip or letter.

Other income

- An award letter if benefit has just been awarded.
- Court order award notices or Child Support Agency letters giving details of maintenance.
- Letters from absent parents confirming maintenance they pay to you if no court order has been made.
- Insurance policy or home income plan details.

You must provide original documents as proof. We do not accept photocopies.

Proof of investments and savings

- Current bank or building society statements (do not forget to include this especially if your wages or benefits are paid into this account). We cannot deal with your claim without these details.
 - The statements must cover at least the last two months.
- Letter from the bank or building society confirming the details of the accounts.
- Documents showing proof of ownership, for example statements showing assets for certificates, bonds, unit trusts, stocks and shares, Premium Bonds, saving certificates and so on.

Proof of earnings**Working for an employer**

- Proof of all earnings including:
 - deductions from earnings for a private pension scheme;
 - deductions from earnings for a superannuation scheme;
 - details of Statutory Sick Pay or Statutory Maternity Pay included in the pay; and
 - details of the number of hours worked.
- Proof of earnings must be one or more of the following.
 - The last five pay slips if you are paid every week
 - The last three pay slips if you are paid every fortnight
 - The last two pay slips if you are paid every month.

If you don't have any of the above, print the certificate of earnings form found at the end of this form (Extra forms). You and your employer must fill in this form and return it to us. If you have just started your job and have not yet been paid, send in a letter from your employer with details of your expected earnings.

If your contributions to your private or occupational pension are shown on your pay slip, we will accept this as proof. If you have made your own arrangements for a private or occupational pension, proof of your contributions must be the latest statement from your pension provider.

Self-employed

If you are self-employed you need to provide audited profit and loss accounts. If you do not yet have any audited accounts you must complete a declaration of self-employed earnings form. In order to estimate your net profit correctly, you will need to supply your sales and purchase ledgers.

As a self-employed person you are required to keep records for HMRC (Inland Revenue Tax Office). A ledger is simply a list of your transactions. These could be recorded in a ledger book, loose papers or on a computer work book. If it is a computer workbook you will need to print this off on paper.

The sales ledger is a ledger that shows all the sales you have made from the work or service you have provided. It is a list of invoices or receipts you have issued to your customer for work done.

The purchase ledger shows all the purchases that have been made associated with the work or service you provided. It is a list of all your expenses.

You will need to supply invoices and receipts for the jobs carried out and all receipts for purchases you made. These should be placed in date order as they appear in the ledgers.

We will take a photo copy of your ledgers and check the receipts against the ledgers to confirm the records are accurate.

If you do not supply this information in the format requested we may not allow any of the expenses.

Proof of rent

If you rent your home from the council, you do not have to provide proof of the rent you have to pay to the council.

If you are renting your home from a private landlord or housing association, you will need to send us one or more of the following as proof.

- Your current tenancy agreement
- Your rent books or receipts and a letter from your landlord or agent confirming the details of your tenancy
- The notice of registration form (RO5), if you have a protected or regulated tenancy

Sub-tenants, boarders and lodgers

If you are renting part of your home to a sub-tenant, boarder or lodger you will need to send us a letter confirming how much you charge and when they moved in. You will also need to send us one of the following as proof that you are being paid rent.

- The tenancy agreement
- The rent books or receipts.

Students

Most full-time students do not qualify for Housing Benefit. By full time we mean more than 16 hours of guided learning each week. The exceptions to this rule include students who are:

- disabled;
- over 60;
- those receiving Child Benefit for their children; or
- under 19 and following a course of further education up to age 19.

You will need to send us original documents to prove your income from loans, grants, bursaries, deed of covenant and so on. The award letter from your education authority is the best proof of student income.

Full-time students are 'disregarded' for Council Tax. This means that they do not have to pay Council Tax. If only full-time students live in your property, you will not have to pay any Council Tax. Please contact your local council's Revenue Services for more details.

You must provide original documents as proof. We do not accept photocopies.

This form should be printed and completed before being returned to us.



Application for payment of Local Housing Allowance direct to your Landlord

What is this form for?

- The Local Housing Allowance (LHA) is normally payable to the tenant.
- However there are special circumstances when we can pay the LHA directly to the landlord.
- The information given in this form will help us to decide if we should pay the LHA directly to the landlord in your case.
- You may not need to complete all the questions in the form but please try to give as much information and evidence as possible

Who should complete this form?

Where possible the tenant should complete the form but it can also be completed by;

- Family or friends
- The main carer
- A support worker
- An advice or welfare agency
- The landlord or letting agent
- A person who works for another service within the Council

The tenant must always sign the form and be fully aware that it may lead to payment of the LHA being paid direct to the landlord.

If the tenant has not signed the form, please explain why in the declaration at the end of the form.

What should be sent with this form?

Written evidence to support the information in this form, this can be from various sources (see information sheet), depending on the person's circumstances, for example:

- Welfare groups
- Social Services
- Department for Works and Pensions (DWP)
- General Practitioner (GP)
- Hospital
- Courts?
- Care workers
- Probation Officers
- The tenants' family and friends
- Landlord or letting agent?

Please note this list is not exhaustive and evidence from other sources may also be accepted.

1 Tenant's name:

Housing Benefit
reference no:

2 Tenant's address:

Telephone:

3 Name, address and telephone number of person completing the form - if not tenant.

4 If the tenant is not completing the form please tell us your relationship to the tenant and the reason you are completing the form on his/her behalf.

Details about the tenant's circumstances

5 Tell us about any learning difficulties that may cause you problems in paying your rent.

6 Tell us about any medical conditions or disabilities that may cause you difficulties in paying your rent.

7 Tell us about any mental health problems that may cause you difficulties in paying your rent.

8 Are you dealing with an addiction to drugs, alcohol or gambling? *If yes please give details*

9 Have you had any difficulties managing your affairs because you need help to understand the English language? *If yes please give details.*

10 Have you recently experienced changes in your lifestyle that mean you are temporarily unable to deal with your financial affairs?

11 Do you have rent arrears?

No ☐ Yes ☐ If **yes**, please tell us:

How much are your arrears?

The period they cover: **From**

To

Details of action your landlord may have to recover the rent arrears:

12 Have you had any previous problems paying your rent?
If yes, please give details.

13 Are you having deductions made from your Income Support or Jobseeker's Allowance to pay rent arrears?

No ☐ Yes ☐ If **yes**, please provide proof.

14 Do you currently receive any ongoing support from an agency, organisation, friend or family member to help you organise your rent payments and finances?

No ☐ Yes ☐ If **yes**, please tell us:

Name of person / organisation:

Telephone number:

Address:

Details of help provided:

15 Is there anyone else who can help you to manage your financial affairs?

No ☐ Yes ☐ If **yes**, please tell us:

Name of person / organisation:

Telephone number:

Address:

16 How long do you think direct payments will need to be made to your landlord?

13 weeks ☐

26 weeks ☐

52 weeks or more ☐

17 Tenant's declaration:

Please sign and date the form below. If you have a partner they should also sign below

- The information given in this form is true and correct
- I agree for my Local Housing Allowance to be paid directly to my landlord, up to the amount of my contractual rent
- I will contact the Housing Benefit department should I feel able to receive my benefit directly
- I have read and understood the declaration

Your signature

Your partner

Date

Please remember to include documentary evidence where possible to support your request

18 Declaration for person completing the form, if not the tenant:

- The information is true and correct.
- I have read and understand the declaration?
- I believe it to be in the best interest of the tenant to pay the Local Housing Allowance, up to the amount of the contractual rent directly to the landlord.

Your signature

Name

Date

Further information

If you would like any help or advice with this form, please

Telephone: 01352 704848. This helpline is open Monday to Friday 8.30am - 5pm.

Email: benefits@flintshire.gov.uk

Visit: Benefit Department, County Hall, Mold. CH7 6NR. Our office for personal visitors is open Monday to Friday 8.30am - 5pm and no appointment is necessary.

PROOF OF CHILD CARE COSTS

Ref:

To be completed by the childcare provider.

Parent / Guardian Name(s)

Parent / Guardian Address

Postcode

Child Care Provider's Name

Business Address

Postcode

Registration number

Telephone number

	Name of Child	Date placed in your care	No. of hours usually in your care (per week)	Gross amount usually charged to parent / guardian	Amount of grant / value of vouchers
1)	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

School Holidays: If any of the above children are in your care for school holidays only, or for extra hours during school holidays, please clarify:

Payments: Please list below the net amount (**excluding vouchers / grant**) actually charged to the Parent / Guardian during the most recent 14 weeks of childcare.

Week Ending	Amount Charged	Week Ending	Amount Charged
<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"/>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Information: If the number of hours of any of the above children are with you alter on a regular basis (other than during school holidays) please explain this:

Signed:

Date:

Position:

Please return the completed form to:

Victoria Forms Demo Address
Demo Address Line 1
Your Council Address Here

Last Page