

Benefits & Advice Service CHANGE OF CIRCUMSTANCES

HOUSING BENEFIT & COUNCIL TAX SUPPORT

PLEASE USE THIS FORM TO TELL US ABOUT YOUR CHANGE OF CIRCUMSTANCES

- We will work out how much **HOUSING BENEFIT** and/or **COUNCIL TAX SUPPORT** you are entitled to using the details you give us.
- If your circumstances change at any time after you have filled in your application form you **MUST tell the Benefits Service immediately**. You can use this form to tell us and once we receive it your benefit award will be looked at again.
- If you are entitled to less benefit as a result of the change, you will have to pay back any money that you are no longer entitled to
- You must tell us within one month of the change happening. If you do not let us know within one month and the change will mean you are entitled to more benefit, then your benefit will only be adjusted from the Monday after the date you let us know.
- If you will receive less benefit as a result of the change then we will amend your claim from the date that the change occurred. So the longer you wait to tell us about a change, the more money you are likely to have to pay back.

EXAMPLES OF THE TYPE OF CHANGES YOU SHOULD TELL US ABOUT:

INCOME

if any money you or anyone in your household receives goes up or down

OR

if you or anyone in your household starts or stops receiving any money for example;

- Income Support
- Job Seekers Allowance
- State Retirement Pension
- Occupational Pension
- Earnings
- Tax Credits
- Child Benefit
- Savings
- Rent from sub-tenants or lodgers
- Maintenance payments
- Any other state Benefits

ACCOMMODATION DETAILS

- If you move to a new home **OR**
- If your rent goes up or down
- If you change rooms

HOUSEHOLD DETAILS

- If a child is born
- If any of your children leave school
- If you stop receiving Child Benefit for one of your children
- If you or your partner are in hospital for more than 6 weeks
- If any of your other circumstances change
- If anyone moves in or out

IF IN DOUBT JUST COMPLETE AND RETURN THIS FORM

Your full name:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	First Name:	
Your full address and postcode. Please state room/flat number where applicable	Surname:		
	Address:		
	Postcode:		Phone No: optional

Claim reference (this will be on any letters we send you)		Council Tax reference (if known)	
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What date did the change(s) take place?

What has changed? (please give full details)

If you are telling us about a change in your income or your savings - don't forget to send in some proof - (eg wage slips, official letters, copy of statements, etc.)

If you are telling us about someone MOVING IN to your home, please answer the following:

Name:	Date of Birth:	Relationship to you:	Their status in your home (eg lodger, boarder, sub-tenant, etc.)
	/ /		
	/ /		
	/ /		

* Their income is: (please tick as required)

Income Support	<input type="checkbox"/>	What is their GROSS weekly income?	£
Earnings	<input type="checkbox"/>	What is their GROSS weekly income?	£
Other income	<input type="checkbox"/>	What is their GROSS weekly income?	£

*You don't have to answer this question, but if you do you may get more benefit.

If you would like your benefit to end as a result of the change in your circumstances please tick this box

If this change in my circumstances means I become entitled to council tax support please accept this as my intention to claim.

DECLARATION

Please read these statements carefully, sign and date the form and return it to Slough Borough Council, Benefits Service, PO Box 1032, Slough, SL1 3YT.

If you do not receive an acknowledgement from us within 14 days, please contact us.

REMEMBER: If you deliberately give false or incomplete information you are likely to be prosecuted.
 I declare that the information given on this form is true and complete to the best of my knowledge.
 I agree that the council may make any necessary enquiries to check the information on this form.
 I agree to inform the Benefits Service of Slough Borough Council **IMMEDIATELY** if any of the information I have given on this form or my main application form changes.

Signature:		Date:	/ /
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