

# COUNCIL TAX AND BENEFIT CHANGE OF CIRCUMSTANCES FORM



If moving out of the borough/district complete part **A** only  
If moving into the borough/district from outside the area complete part **B** only  
If moving within the borough/district complete parts **A** and **B**

Do you wish to apply for Council Tax Reduction?

Yes

No

## Part A

Account Reference:

Property Reference (if known):


### 1. PROPERTY MOVING FROM

Address:

### 2. WHO IS MOVING OUT?

Give names of people moving out:

### 3. DO YOU OWN OR RENT THE PROPERTY?

#### A – OWNED

Date sale completed:

Date vacated:

Date furniture removed:

Name of new owners and their previous address:

Solicitors name and address:

#### B – RENTED

Date vacated:

Date tenancy ended:

Is property rented

Furnished

Unfurnished

If unfurnished, date furniture removed:

Name and address of landlord or Agent:

### 4. PROPERTY MOVING TO

If you are moving within the borough/district, complete question 5 and then please go to Part B overleaf

Address:

5. Existing Payer:  
(if applicable)

Direct Debit – transfer to new account/new mandate issued

New Post Office Card required

Cash or Cheque

Contact telephone number:

Signed:

Date:

**1. PROPERTY MOVING TO**Address:  
  
**2. WILL YOU OWN OR RENT THE PROPERTY?****A – OWNED**Date purchase completed: Date occupied: Date furniture moved in: **Solicitors name and address:**  
  
**B – RENTED**Date occupied: Date tenancy started: Rent amount: 

Is property rented

Furnished

Unfurnished

If unfurnished, date furniture moved in: **Name and address of landlord or Agent:**  
  
**3. OCCUPIERS**Number of Occupiers: **Full Names of Occupiers liable to pay Council Tax:**  
  
**Correspondence Address** (if different to address given in 1.00 above)  
  
**How would you like to pay?**Direct Debit New Post Office Card required Cash or Cheque **Notes:**  
  
**Contact telephone number:**  
  
**Signed:****Date:**

# THE REMAINDER OF THE FORM IS FOR HOUSING BENEFIT AND COUNCIL TAX REDUCTION CUSTOMERS ONLY.

IF YOU WISH TO CONTINUE YOUR CLAIM FOR HOUSING BENEFIT AND COUNCIL TAX Reduction, PLEASE COMPLETE THE REST OF THE FORM.

## Section 1 – Benefit / Reduction Customers Only

	You	Your Partner
Surname	<input type="text"/>	<input type="text"/>
Other Names	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
National Insurance Number	<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"/>
Date of Birth	<input type="text"/>	<input type="text"/>



**Other Income** – Give details of all other income received and how often. Examples are: maintenance, student grants, private pensions or any other payments. If none, write “none”.

Type of Income	Amount	How Often	Received by

**Capital/Savings/Investments** – Give details of all bank accounts, savings, investments, shares, etc., for you, your partner and children. If none, write “none”.

Type	Belonging to	Name of Account	Account Number	Amount

**Do you or your partner or children own any property or land other than where you live?**

Yes  No

**Please give details below:**

**If you are completing this form because you have moved, may we discuss your claim with your new landlord?** Yes  No

**Section 3 – Certificate of Rent – To be completed by owner/agent of property  
(usually completed for emergency/temporary accommodation –  
go to Section 4 for other types of tenure)**

**To the Owner/Agent**

Your tenant has applied for Housing Benefit. Please assist your tenant by filling in this form and returning it to the addressees at the top of the page.

Name of tenant:

Address of tenant:  
(please include room  
or flat number, if  
applicable, and  
postcode)

	Room/Flat Number:
	Type:
	Floor:
Post Code:	Other, please describe:

**About the tenancy and rent**

What type of claim is this?

When did the tenancy start?

How long is the tenancy for?

If 'Yes', when does it end?

If 'No', what type of agreement is it?

Is the tenancy shared with anyone else?

If 'Yes, tell us their name[s]:

What share of the rent does each tenant pay?

Did you apply to the Rent Service for a Pre-tenancy  
determination?

How much is the rent?

How often is the rent due?

When will the rent next go up?

What was the date of the last rent increase?

**About the accommodation**

What sort of accommodation are you  
renting?

If other, please describe your accommodation:

If tenant lives in a room flat or bedsit, what is the room/flat number?

Where in the building is the flat/room?

How many floors are there in the whole  
building?

Which floor is the flat/room on?

Other – please describe:

Please fill in the number of each type of room (please give the number – **do not just tick a box**)

	Living Rooms	Dining Rooms	Bedrooms	Bedsits & Flats	Kitchens	Bathrooms	Toilets	Other
How many rooms are there in the whole property?								
How many rooms are only used by you and your household?								
How many rooms do you share with other people?								

Is your home:

Does the property have central heating?

### About how the rent is made up

Does the rent include charges for any of the following (please give the amount per week, if you know it)?

	Amount		Amount
Heating	<input type="text"/>	Water charges	<input type="text"/>
Lighting	<input type="text"/>	Fuel for cooking	<input type="text"/>
Hot water	<input type="text"/>	TV in room	<input type="text"/>
Breakfast	<input type="text"/>	Clothes washing	<input type="text"/>
Lunch	<input type="text"/>	Room cleaning	<input type="text"/>
Evening meal	<input type="text"/>	Window cleaning	<input type="text"/>
Bed linen	<input type="text"/>	Council Tax	<input type="text"/>

Is the property Supported Accommodation?

If 'Yes', please tell us what support is received and give the amounts if known?

	Amount
General counselling and support	<input type="text"/>
Cleaning of rooms and windows	<input type="text"/>
Emergency alarm	<input type="text"/>
Nursing or personal care	<input type="text"/>

Does the tenant receive a bill or pay by slot meter for these services?

Gas:

Electricity:

Water:

## Ownership and management of the property

Please give the name, business address and telephone number of the owner (and their agent if they have one):

The owner is:

The owner's agent is:

Postcode:

Postcode:

Telephone:

Telephone:

Is the owner or agent related to the tenant?

[please select]

If 'Yes', what is the relationship?

## Declaration

**Please read the following statement carefully before signing in the space below.**

- I declare that the information given is correct and complete to the best of my knowledge.
- I understand that if I give information that is incorrect or incomplete, you may take action against me.
- I will let the Housing Benefit Office know straight away if I become aware of a change of circumstances of my tenant.

Signed:

I am the [please select]

Date:

**Warning:** It is an offence under Social Security Law for anyone to make a statement or produce information which they know to be false in order to obtain Housing Benefit or Council Tax Benefit for themselves or another person. It is also an offence to fail to notify the Benefit Section of the Council of a change of circumstances which would affect benefit entitlement.

(Social Security Administration Act 1992, Sections 111 and 112 as amended.)



**Section 4 - Payment of Benefit – Benefit Customers ONLY**

Your Benefit Reference Number:

**We cannot normally pay landlords directly but if you have reasons for this to be considered please give details below (we may need to send you a separate form):**

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**If you would like your Housing Benefit paid directly to your landlord/agent, please give details below.**

Sort Code		Account Number	
Account Name			

*If you do not know your landlord or agent's account details they will be paid by crossed cheque.*

Please sign here to agree to your landlord receiving payment directly:	
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**If you would like your Housing Benefit paid directly to you, please give details below.**

Sort Code		Account Number	
Account Name			

*If you do not have a bank account you will be paid by crossed cheque.*

**Section 5 – DECLARATION - Please complete, sign and date**

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

**I understand that:**

- 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 Council Tax and/or claim for Housing Benefit or Council Tax Reduction, or both. You may check some of the information with other sources within the council, rent offices and other councils.
- 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, where the law allows.

**I know** I must let the council know about any changes in my circumstances, which might affect my claim.

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

Your signature	<input type="text"/>	Date	<input type="text"/>
Your partner's signature	<input type="text"/>	Date	<input type="text"/>

Customer email address:
Customer phone number:

**If someone has filled in this form other than the person named on the first page they must provide their details below:**

Name of person who filled in this form	<input type="text"/>
Signature of this person	<input type="text"/>
Relationship to the person claiming	<input type="text"/>
Date	<input type="text"/>

**Warning:** It is an offence under Social Security Law for anyone to make a statement or produce information which they know to be false in order to obtain Housing Benefit or Council Tax Reduction for themselves or another person. It is also an offence to fail to notify the Benefit Section of the Council of a change of circumstances which would affect benefit entitlement.

(Social Security Administration Act 1992, Sections 111 and 112 as amended and Council Tax Reduction Schemes (Detection of Fraud & Enforcement Regulations (England) 2013.)

**Disclaimer:** We must protect the public funds that we handle and so may use the information you have provided on this form to detect and prevent fraud.

We may also share it with other organisations which handle public funds or compare it with other information you have provided to the Council, for the same purpose.

**Office use only:**

Officer:	<input type="text"/>
Date:	<input type="text"/>