

# HOUSING BENEFIT & COUNCIL TAX BENEFIT

## Change of Income

Office Address:	Assessments & Benefits Services, Finance Dept., Municipal Offices, Fell Road, Croydon, CR9 1BQ
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E-mail Address	croyhben@croydon.gov.uk
Telephone number	020 8726 7000
Benefit Ref No.	
Date Issued:	

**Please complete this form in block capitals, using black ink**

Please return the completed form **immediately** – If you do not return this form within one calendar month, your benefit will be cancelled.

Remember to include all the original supporting documents that you have with this form

If you do not have the supporting documents now, please return the completed form and send or bring in the documents as soon as you can.

**We will not continue to pay benefit until these documents are received**

### PART 1 ABOUT YOU AND YOUR PARTNER

	You	Your partner
Surname or last name		
Other names		
Address		
postcode		
Date of birth		
National Insurance No.		

*Please provide your telephone number as this may speed up processing your claim*

Home telephone No.		
Mobile telephone No.		
Work telephone No.		
E-mail address		

*Please tick  "yes" or "no" to the all of the following*

Do you own your own home or pay a mortgage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you rent from the Council?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you rent from a Housing Association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you pay rent to a private landlord?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**PART 2 ABOUT YOUR INCOME** Do you receive the following?

Please tick  "no" or "yes" to all of the incomes listed

Income Support  
Jobseekers Allowance (Income based)  
Pension Credits

You		Your partner	
Yes	No	Yes	No

If you have answered "yes" to any of the above, please go straight to Part 9, if not, please continue.

Tick  "no" or "yes" to all of the incomes listed below. If you tick "yes", please state the amount and how often you receive it?

	Yes	No	If yes, say the amount	How often	If yes, say the amount	How often
Jobseekers Allowance Contribution based						
State Retirement Pension						
Work or Private Pension						
War Widow's /Widower's Pension						
War Disablement Pension						
Widowed Mothers Allowance						
Disability Living Allowance Care Component						
Disability Living Allowance Mobility Component						
Carers Allowance						
Severe Disablement Allowance						
Attendance Allowance						
Child Benefit						
Incapacity Benefit						
Child Tax Credit						
Working Tax Credit						
Maternity Allowance						
Statutory Maternity Pay						
Foster Parent Allowance						
Statutory Sick Pay						
Industrial Injuries Benefit						
CSA / Maintenance Payments						

Do you or your partner have any other income? This means all income including income from a lodger, family, trust or charity and home income plan. Yes  No  If "No", please go to Part 3

Type of Income: list all the other income that you and your partner receive


Amount	How often

Amount	How often

If you need more space, please give the details in Part 10 - Additional information. You must supply original documents as proof of each income. **Do not delay sending in this form.**

If you have not got the documents, please send in this form now and send the proof as soon as you can.

### PART 3 ABOUT EARNINGS AND EMPLOYMENT

Do you or your partner have any jobs that you are paid for?

Yes  No  If "No", please go to Part 4

#### Job number 1:

	You	Your partner
What type of job do you do?	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
What is your employer's name and address?	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	postcode <hr/>	postcode <hr/>
When did this job start?	<hr/> / <hr/> / <hr/>	<hr/> / <hr/> / <hr/>
How many hours do you work?	<hr/> hours per week	<hr/> hours per week
How much are you paid?	£ <hr/>	£ <hr/>
How often is this paid?	<hr/>	<hr/>
When did your earnings last change?	<hr/>	<hr/>

#### Job number 2:

What type of job do you do?	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
What is your employer's name and address?	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	postcode <hr/>	postcode <hr/>
When did this job start?	<hr/> / <hr/> / <hr/>	<hr/> / <hr/> / <hr/>
How many hours do you work?	<hr/> hours per week	<hr/> hours per week
How much are you paid?	£ <hr/>	£ <hr/>
How often is this paid?	<hr/>	<hr/>
When did your earnings last change?	<hr/>	<hr/>

If you need more space, please give the details in Part 10 - Additional information.

You need to supply the last 5 weekly payslips or last 2 monthly payslips for each job. If you do not have these, please ask your employer to complete the attached statement of earnings form.

### PART 4 ABOUT SELF-EMPLOYMENT

Are you or your partner self-employed? Yes  No

If "No", please go to Part 5

Please send in your last years trading accounts. If your income has changed since your trading accounts were compiled, or you have just become self-employed, please telephone 020 8667 8282 and ask for a self-employed form.

**Do not delay sending in this form.**

If you have not got your payslips or accounts, or need a self employed form, please send in this form now and send the evidence in as soon as you can.

**PART 5 ABOUT CHILDCARE COSTS**

Do you pay a registered childminder or organisation to look after a child?

Yes  No  If "No", please go to Part 6

Please give details of the childcare costs that you pay for each child:

	Child 1	Child 2	Child 3
Family Name			
First Name			
Date of birth			
Weekly charge			
Name of minder/organisation			
Address of minder/ organisation			
Registration No.			

If you need more space, please give the details in Part 10 - Additional information.

Please supply your contract with your childminder or a letter from your childminder confirming their charges.

**PART 6 STUDENTS**

Are you or your partner a full-time student or a student nurse?

Yes  No  If "No", please go to Part 7.

Please provide the following information:

	You	Your partner
Name of College		
Address		
postcode		
Course title		
Length of course	_____ years	_____ years
What year are you in?		

Do you receive any income for being a student ? Yes  No

For example: student loan, grant, covenant, bursary and other forms of sponsorship.

Type of Income: list all the income that you and your partner receive for being a student


Amount	How often
£	
£	

Amount	How often
£	
£	

Please supply your student certificate and proof of this income e.g. Grant award notification

**Do not delay sending in this form.**

If you have not got the proof, please send in this form now and send the proof in as soon as you can.

## PART 7 SAVINGS AND INVESTMENTS

Do you or your partner have any Bank, Building Society or Post Office accounts?

Yes  No  If no, please go to part 8

Please give details of all of them below:

		You	Your partner
Name of bank/ building society	Name of bank/ building society	Current balance	
		£	£
		£	£
		£	£
		£	£

Do you or your partner have any premium bonds?

Yes  No  If yes, please give their total value

£

Do you or your partner have National Savings Certificates, Company Shares or Unit trusts?

Yes  No  If yes, please give the following information:

		You	Your partner
National Savings Certificates	Issue No & date	Number of units	

Company Shares	Name of company	Number of shares	

Unit trusts	Name of trust	Number of units	

We must see the original documents showing proof of all savings and investments that you have listed on this page. Original documents will be returned to you

**Do not delay sending in this form.**

If you have not got the proof, please send in this form now and send or bring in the proof as soon as you can.

Do you or your partner have any ISAs? Yes  No

Please give details of all of them below:

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Do you or your partner:

Own property or land in this country or abroad? Yes  No

Receive rent from any property or land you own? Yes  No

Have any money invested abroad? Yes  No

Have any other savings or investments? Yes  No

If you answer "yes" to any of these four questions please give details below:

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**We must see the original documents showing proof of all savings and investments that you have listed on this page. Original documents will be returned to you.**

### **PART 8 IMMIGRATION STATUS**

Has your Income Support/Jobseekers Allowance/Pension Credit stopped because your immigration status has changed ?

Yes  No

Is your immigration status likely to change within three months?

Yes  No

If yes, to either question, please state what your current immigration status is:

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If yes to either question, please **bring** your Home Office Documents / Passport in to our Public Enquiry Counter.

**Do not delay sending in this form.**

If you have not got the correct documents, please send in this form now and bring in the documents as soon as you can.



## PART 10 ADDITIONAL INFORMATION

If there is any more information which you think may help us deal with your claim, please give details:


## PART 11 DECLARATION

Please read this declaration carefully before signing:

1. **I declare** that the information I have given on this form is correct and complete.
2. **I understand** that if I give any information that is incorrect or incomplete you may take action against me. This may include court action.
3. **I agree** that you will use the information I have provided to process my claim for Housing Benefit and Council Tax Benefit, or both, You may check some of the information with other sources as allowed by the law.
4. **I understand** that 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 organisations, such as government departments, local authorities and private sector companies if the law allows this.
5. **I know** that I must let you know in writing about any change in my circumstances which might affect my claim.

Your signature

Date

Your partner's signature

Date

If this has been completed by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming

**I declare** that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form

Signature

Date

Relationship to the person claiming