

# Change of Circumstances form for Housing Benefit and Council Tax Support

Name:

Address:

Postcode

Tel No:

This form is for you to tell us about any changes in your circumstances. If you have moved you must complete the Change of Address form. If you do not tell us about your change, or do not tell us as soon as the change happens you may lose money or have to pay back benefit.

You can tell us about your change in circumstances by phoning 01245 606400 and choosing Benefits option 1, then option 1 again. You will not have to complete this form but will be asked to provide evidence; a Benefits Officer will speak to you about this.

Do not rely on anyone else to give us information, not even the JobCentre Plus, Pensions Service, HM Revenues and Customs.

### You Must

- Refer to the instructions on page 2 (part 2) to tell you what part of this form you must complete
- Look at the checklist on page 19 (part 17) for the types of evidence you must provide within one month of you submitting this form
- Read and sign the declaration on page 22 (part 17) before your return this form
- Fill in this form in black ink

### How to submit information, forms and evidence:

By post:

- Benefit Section, Civic Centre, Duke Street, Chelmsford, CMI IJE. Any documents we receive will be returned to you in the post.

Online:

- [www.chelmsford.gov.uk/upload](http://www.chelmsford.gov.uk/upload). Use our benefit evidence form for submitting scanned / photographed images of your original documents, completed. Discretionary Housing Payment applications, completed Self-Employed, Authority to Discuss, Childcare Costs forms or other signed forms.

In person at:

- Chelmsford Central Library, Market Road. weekdays 5.00pm to 6.30pm, Saturday 9am to 5.30pm, Sunday 1.00pm to 4.00pm. Any documents we receive will be returned to you in the post.

If you need further help or advice about your Benefit claim / award please see: [www.chelmsford.gov.uk/benefits](http://www.chelmsford.gov.uk/benefits)

Alternatively you can contact us on 01245 606400 Monday to Friday 8.45am to 4.45pm.

We do not offer a drop-in service at the Customer Service Centre in Duke Street. There will be advisors available to assist you upload evidence online, arrange call-backs, or make appointments.

You can drop in and see a benefit officer every Wednesday at Parkside Community Centre Hub, Melbourne Avenue, Chelmsford, Essex, CMI 2DX from 9.30am to 2pm

Date of issue	/	/	Claim number	
Date received	/	/	C/Tax ref	

## Part 1 About You

Please complete the boxes below with you and your partner's details (if you have one.)

	You	Your Partner
Title (Mr, Mrs, Miss, Ms and so on.)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Postcode	
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>
What is your nationality?	<input type="text"/>	<input type="text"/>
What is your mobile phone number?	<input type="text"/>	<input type="text"/>
What is your email address?	<input type="text"/>	<input type="text"/>
<b>If your nationality is not British, on what date did you last enter the UK?</b> The UK is England, Northern Ireland, Scotland and Wales	<input type="text"/>	<input type="text"/>

## Part 2 What you must do to tell us about your change

### Your change

Somebody moving out of your home

Somebody moving into your home

A partner moving into your home

Any change for somebody who lives with you (not your partner)

Child benefit stopping

Rent changes

You or your partner's income,

earnings or self employed earnings

New pension awards for you or your partner or changes to your pensions

You or your partner's capital /savings

Investments such as stocks/shares

Leaving the property for more than 13 weeks

You or your partner become a student

Anything else you need to tell us

### You must fill in part

Parts 3, 4 and 8 of this form

Parts 3, 5 and 8 of this form

Parts 3, 5, 6, 7, 8, 9, 10, 12, 13, 14 and 15 of this form

Parts 3 and 5 of this form

Parts 3 and 5 of this form

Part 3 of this form

Parts 8, 9, 10, 12 and 13, 11, 14 of this form

Parts 3 and 7 of this form

Parts 3, 14 and 15 of this form

Parts 3 and 4 of this form

Parts 3 and 8 of this form

Parts 3 and 16 of this form

Refer to part 17 to tell you the types of evidence you must give us

## Part 3 Your Change

Please tell us what has changed.

Date of Change?

/ /

## Part 4 People who have moved out of your Home

Please tell us about people who have moved out of your home

If you want to tell us about more than 3 people, use part 16 of this form

	First person	Second person	Third person
<b>Name</b>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
<b>Date they moved out</b>	<div style="border: 1px solid black; padding: 5px; text-align: center;">/ /</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">/ /</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">/ /</div>
<b>Forwarding address</b>	<div style="border: 1px solid black; height: 120px;"></div>	<div style="border: 1px solid black; height: 120px;"></div>	<div style="border: 1px solid black; height: 120px;"></div>

## Part 5 About other people who live with you

Tell us about other people who have moved in or had a change in their circumstances. If you are no longer getting Child Benefit for somebody living in your home you must fill in this part of the form.

If you want to tell us about more than 3 people, use part 17 of this form.

	First person	Second person	Third person
<b>Last name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other names</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<b>National Insurance number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date they moved in or Child Benefit stopped</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Their relationship to you or your partner</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Do you get child benefit for this person</b> If yes, when did it start?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="/ /"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="/ /"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="/ /"/>
<b>Do they get Income Support or income-based Jobseeker's Allowance</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do they get Employment &amp; Support Allowance?</b> If yes, how much?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£ a week"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£ a week"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£ a week"/>
<b>Do they get Universal Credit</b> If yes, how much?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£ a week"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£ a week"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£ a week"/>
<b>Do they get Disability Living Allowance, Attendance Allowance Personal Independence Payments or Armed Forces Independence Payments?</b> If yes, how much?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£ a week"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£ a week"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£ a week"/>
<b>Are they registered blind?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?</b> Tell us which?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
<b>Are they severely mentally impaired?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are they in legal custody at the moment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, when are they expected to be released?</b>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

## Part 5 About other people who live with you continued

	First person	Second person	Third person
<b>Are they in hospital at the moment?</b>	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?	When did they go in?	When did they go in?
	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
	When will they be discharged (if you know this)	When will they be discharged (if you know this)	When will they be discharged (if you know this)
	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<b>Do they normally work for 16 hours or more a week?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Please give the details below	Please give the details below	Please give the details below
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	We need to see evidence of their earnings	We need to see evidence of their earnings	We need to see evidence of their earnings
<b>Do they have any other income at all?</b> This includes any benefits or allowances you have not told us about on this form and interest from savings and investments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name of first other income	Name of first other income	Name of first other income
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	How much is it before deductions like tax and National Insurance?	How much is it before deductions like tax and National Insurance?	How much is it before deductions like tax and National Insurance?
	<input type="text" value="£"/> a week	<input type="text" value="£"/> a week	<input type="text" value="£"/> a week
<b>Are any of the people who normally live with you living together as partners. By partner we mean someone they are married to or live with as if they are married; or a civil partner or a person they live with as if they are civil partners (Civil Partnerships are for same sex couples)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the checklist on pages 19 to 21, part 17 to tell you about the types of evidence you must provide

## Part 6 About your Carer

You

Your Partner

Does somebody get Carers Allowance for looking after you/ your partner. If yes please tell us their name and address

Yes  No

Yes  No

Do you or your partner have a carer or carers that stay overnight in your home?

Yes  No

Yes  No

By carer we mean someone that does not live in your home with you and your family. You will need to supply proof of this

(If no go to part 2)

How many nights each week does your carer or carers stay overnight

Does this carer or carers have a bedroom for their sole use in your home?

Yes  No

Yes  No

Is the carer(s) employed to provide you or your partner with this overnight care?

Yes  No

Yes  No

Is the carer(s) related to you or your partner?

Yes  No

Yes  No

Tell us the name/s and address of this carer(s). (If they are employed please tell us the address of the organisation that they work for)

You

Your Partner

Do you or your partner get Attendance Allowance, middle or high rate care Disability Living Allowance, Daily Living Personal Independence Payments or Armed Forces Independence Payments?

Yes  No

Yes  No

If no please tell us why you or your partner need and get this overnight care. You will need to provide proof from someone like your Doctor, other medical person and/or Social Services that you need this care. We may write to you for more information.

Use the checklist on pages 19 to 21, part 17 to tell you about the types of evidence you must provide

# Part 7 About your pensions

Do you or your partner get any of the following? Please fill in the boxes to show how much you both get and how often (every week, every month or every 4 weeks).

	You		Your Partner	
	How much?	How often?	How much?	How often?
State Retirement Pension	£		£	
The savings part of Pension Credit	£		£	
Private or occupational pension (amount after tax). If you have more than one private pension use part 17 of this form	£		£	
Widow's Allowance or Widow's Pension	£		£	
War Widow's or Dependant's Pension	£		£	
Armed Forces and Reserved Forces Compensation Scheme	£		£	
War Disablement Pension Industrial Injuries or Disablement Pension	£		£	
When did you start to receive it?				

# Part 8 About students

Do you study full time or part time?	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
What is the full course title or qualification you/your partner are studying for				
What date did/will the course of study start?	/ /		/ /	
What date did/will the course of study end?	/ /		/ /	
Do you get a student loan, grant or bursary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', how much do you get?	£		£	
How often is it paid?				

Use the checklist on pages 19 to 21, part 17 to tell you about the types of evidence you must provide

## Part 9 About your childcare costs

Date your or your partner's childcare payments started, changed or stopped

How much childcare do you pay each week? (You must provide the contract or invoice showing the breakdown of this figure)

Which children do you pay childcare for?

Please give the name and address of your registered childminder or the people who look after your child (remember to include their registration number)

Please confirm the periods that you pay for childcare by ticking one of the boxes below

Term-time

Holiday-time only

Both

## Part 10 About your work

	You	Your Partner
How many jobs do you have? If more than one please use part 17 of this form	<input type="text"/>	<input type="text"/>
What kind of work do you do?	<input type="text"/>	<input type="text"/>
Please give the date you started work?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Is your employment for a fixed period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give the date the employment will end	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How often are you paid (every week, fortnight, four weeks or month)?	<input type="text"/>	<input type="text"/>
How much do you get paid before deductions?	£ <input type="text"/>	£ <input type="text"/>
How are you paid? For example, cash, cheque or straight into an account	<input type="text"/>	<input type="text"/>
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
Will you get regular pay increases?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often?	<input type="text"/>	<input type="text"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>



## Part 10 About your work continued

	You	Your Partner
Please give your employer's name and address	<input type="text"/>	<input type="text"/>
Give details of any regular overtime, bonuses or commission	<input type="text"/>	<input type="text"/>
Are you or your partner getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did this start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you pay into a private pension scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' how much and how often?	<input type="text"/>	<input type="text"/>

Then have a look at the checklist on page 18 (part 17) for the types of proof you will have to give us with this form.

## Part 11 About being self employed

If you are not self-employed, please go to part 12.

	You	Your Partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the business address and postcode	<input type="text"/>	<input type="text"/>
If you have temporarily stopped this self-employed work, tell us the date you stopped, the reason why, and the date that you think that you will start again	<input type="text"/>	<input type="text"/>
How many hours each week on average do you work? You must count the total time you spend on all your self-employed / business activities, such as travel for work, visiting wholesalers, research, training, book-keeping, administration, etc	<input type="text"/>	<input type="text"/>
Are you a Director of the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your business registered with Companies House?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Part II About being self employed continued

	You	Your Partner
<b>Are there any other partners in the business?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please tell us their names	<input type="text"/>	<input type="text"/>
Address and postcode	<input type="text"/>	<input type="text"/>
<b>What percentage of profit or loss do the partners share?</b>	<input type="text"/>	<input type="text"/>
<b>Do you or your partner pay into a pension scheme?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please tell us how much and how often	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
<b>Do you work as a subcontractor?</b> If 'Yes', please provide wage slips	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you work as a childminder?</b> If 'Yes', you only need to provide details of your income	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you or your partner get payments from the New Enterprise Allowance?</b> If 'Yes' you must provide the letter about this award.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you have prepared accounts?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No' tell us when they will be ready	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

If you have been trading for one year or more, you must provide accounts showing your business gross income and expenses received and paid in the last complete financial year (April to March). If you have been trading for more than one year but this is not a complete financial year, your prepared accounts must be for the last 12-month period. These accounts do not have to be prepared by an accountant.

If you have been trading for less than one year, or the trading pattern/business has changed complete the following section

### Business Income and Expenditure

Tell us the exact trading period (from and to dates) that these income and expenses are for. If your self-employment / business has just started trading, then complete the form with information about what you expect your income and expenses to be for the next three months.

Date from:  /  /  Date to:  /  /

Complete this part in full. Do not include any amounts that are for personal use. For example, if you use your car for business and personal purposes, only give the expense incurred for the self-employment / business activity. If you/your partner runs more than one business, you must contact us to request an additional Self Employed Income & Expenditure Form.

## Part 11 About being self employed continued

### Business Income

Total Gross earnings (or takings)	<input type="text" value="£"/>	VAT refunded	<input type="text" value="£"/>
Tips/ Gratuities	<input type="text" value="£"/>		
Any other income for this business? Please give details:			
	<input type="text" value="£"/>		<input type="text" value="£"/>
	<input type="text" value="£"/>		<input type="text" value="£"/>
<b>Total Gross Income</b>	<input type="text" value="£"/>		

### Business Expense

Buying stock	<input type="text" value="£"/>	Tools / Equipment charges	<input type="text" value="£"/>
Special Clothing	<input type="text" value="£"/>	Wages paid to spouse / civil partner / partner	<input type="text" value="£"/>
Wages paid to others	<input type="text" value="£"/>	Rent for business premises	<input type="text" value="£"/>
Business Rates & Council Tax	<input type="text" value="£"/>	Fuel / Charges for Heating / Lighting / Water / cooking / power to machines & equipment.	<input type="text" value="£"/>
Advertising	<input type="text" value="£"/>	Subscriptions to trade publications and/or memberships	<input type="text" value="£"/>
Printing & stationery	<input type="text" value="£"/>	Postage	<input type="text" value="£"/>
Telephone	<input type="text" value="£"/>	Bank charges	<input type="text" value="£"/>
Business Insurances	<input type="text" value="£"/>	Interest on business loan	<input type="text" value="£"/>
Purpose of business loan	<input type="text"/>		

Do you have a vehicle that is used for business purposes only?

Yes  No

Road tax (only if vehicle is for business use only.)	<input type="text" value="£"/>	Car lease	<input type="text" value="£"/>
Petrol	<input type="text" value="£"/>	Motor Insurance	<input type="text" value="£"/>
Motor Repairs	<input type="text" value="£"/>	Debts you can't claim back	<input type="text" value="£"/>

Any other expenses for this business, list below?

<input type="text" value="£"/>	<input type="text" value="£"/>
<input type="text" value="£"/>	<input type="text" value="£"/>

**Total Gross Expenses**

Withdrawals (cash or stock) you have made	<input type="text" value="£"/>	Repairing assets	<input type="text" value="£"/>
VAT	<input type="text" value="£"/>		

Is it reasonable to assume that trading figures for the next three to six months will be similar to those shown above?

Yes  No

If No, please explain the likely difference and the reasons for this

# Part 12 Certificate of Earnings Form



## Chelmsford To be completed by the employee

City Council

If you need help filling in this form,  
please phone 01245 606400

You don't need to fill in this form if you are sending payslips. We may ask you to fill in this form if your payslips do not show all the information we need. See part 18 of this form.

Full Name

Home address including  
postcode:

  
  
 Postcode

Occupation

Payroll No:

National Insurance Number:

Signature of the employee

Date

 /  / 

Please ask your employer to fill in the details below

### To be completed by the employer

Please help your employee by confirming the details above and providing the information below.

The date their employment started.

 /  / 

Weekly contracted hours.

 Hrs

How often are they paid?

Weekly  Fortnightly  Four weekly  Calendar monthly

Other (please give details)

How are they paid?

By Cash  By Cheque  Straight into their bank account

Other (please give details)

Normal basic wage

 £

The date of their next pay increase

 /  / 

New basic wage (if known)

 £

Please complete the table below with your employee's last five weekly, three fortnightly, two four weekly or two monthly pay periods. Please include bonus, overtime, SSP, SMP and so on.

Period Ending	Hours Worked	Gross Pay	Gross Pay to Date	Tax	National Insurance	Pension Payments	Over Time	Net Pay
/ /	Hrs	£	£	£	£	£	£	£
/ /	Hrs	£	£	£	£	£	£	£
/ /	Hrs	£	£	£	£	£	£	£
/ /	Hrs	£	£	£	£	£	£	£
/ /	Hrs	£	£	£	£	£	£	£

**You do not need to complete this if you are providing pay slips with your form**

## Part 12 Certificate of Earnings Form continued

If Statutory Sick Pay, Maternity Pay, Paternity Pay or Adoption Pay or bonus is included in the gross pay please state which, how much and the period covered.


### Employer's Declaration

I declare the information I have supplied is correct.

Business name and address including  
postcode.

Postcode

Business phone number

Business fax number

Name in full

Position in company

Signature

Date

Business stamp. (If no stamp please supply employee  
details on headed paper with this form):

Please return this form to Financial Services, Benefits Team,  
Chelmsford City Council, Civic Centre, Duke Street, Chelmsford, CMI IJE

## Part 13 About your income

See the checklist on page 21 to help you fill in this section

Do you or your partner get or have either of you recently applied for any of the benefits listed below. If 'Yes', please fill in the relevant boxes below  
If no, go to part 14

Yes  No

	Who gets it?	How much do you get?	How often is it paid?
Child Benefit	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Contribution-based Jobseeker's Allowance	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Incapacity Benefit	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Child Tax Credit	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Working Tax Credit	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Disability Living Allowance (care component)	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Disability Living Allowance (mobility component)	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Personal Independence Payments (Daily Living)	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Personal Independence Payments (Mobility)	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Universal Credit	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Maintenance payments	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Bereavement Allowance	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Severe Disablement Allowance	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Industrial Injuries Benefit	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Guardian's Allowance, Foster Allowance or Statutory Adoption pay	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Maternity Allowance, Paternity Pay or Statutory Maternity Pay	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Widowed Parents Allowance	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Employment Support Allowance	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Then have a look at the checklist on page 19 (part 17) for the types of proof you will have to give us with this form.

## Part 13 About your income continued

**You** **Your Partner**

Do you or your partner get any other income Yes  No  Yes  No

If 'no', go to part 14. If 'yes', please give details below.

Do you get any income on a voluntary basis, from a charitable organisation or from a family member? (This does not include any payments for housekeeping from a family member) Yes  No  Yes  No

If 'yes', please give details of the payments you get, tell us what they are for and when they started.

Do you or your partner get any other income that you have not already told us about? (This includes Annuities and Home Income plans) No  Yes  No  Yes

If 'yes', please give details.

## Part 14 About your Bank/Building Society Accounts, savings and Investments

Please give us the details of your bank and building society accounts

Name of Bank/Building Society Account held with	Account/Roll number	Name/s of account holders	Balance
			£
			£
			£
			£
			£
			£

If you have no bank or building society accounts please tick this box and continue

Use the checklist on pages 19 to 21, part 17 to tell you about the types of evidence you must provide

## Part 14 About your Bank/Building Society Accounts, savings and Investments continued

Do you or your partner have any of the following?

	You		Your Partner	
	Amount	Account Number	Amount	Account Number
Post Office accounts	£		£	

Credit Union account	£		£	
----------------------	---	--	---	--

	Number of Units	Date of Issue	Number of Units	Date of Issue
	National Savings Certificates		/ /	

Income or Premium Bonds	£	/ /	£	/ /
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	Number of Units	Name of Companies	Number of Units	Name of Companies
	Shares, Stocks or Units Trusts			

	Amount	Type	Amount	Type
	ISAs, TESSAs or PEPs	£		£

	Amount	Date Received	Amount	Date Received
	Far East Prisoner of War payment/payment for victims of atrocities during World War Two	£	/ /	£

	Amount	From Whom	Amount	From Whom
	Have you received any lump sums in the last 52 weeks?	£		£

	Amount	Amount
	Cash savings	£

If you have no other savings or investments please tick this box and complete Part 16

If you want to tell us about any other accounts, savings or investments, use part 17 of this form.



## Part 15 Your Other Properties

Do you or your partner own or have a share in any other properties or land, in this country or abroad?

**You**
**Your Partner**

Yes  No 
If 'no', go to Part 19
Yes  No

If 'yes', please give the address or addresses. If you own or have a share in more than one other property, use part 17 of this form

Postcode

Postcode

Do you or your partner get any rent from other properties or land, in this country or abroad?

Yes  No

Yes  No

If 'yes', please tell us how much you get and how often it is paid, (every week or month)

£	
---	--

£	
---	--

If you or your partner previously lived in this property, please tell us the date that you left

	/		/	
--	---	--	---	--

	/		/	
--	---	--	---	--

Does an elderly or disabled relative live in the property?

Yes  No

We may contact you for further information.

Are you or your partner an approved foster carer?

What date did you become an approved foster carer?

	/		/	
--	---	--	---	--

Do you currently have a foster placement?

Yes  No

If yes, tell us the names of the children you are fostering?

--

**Second Child**

--

If no, tell us the date that your last foster placement ended

	/		/	
--	---	--	---	--

You must provide proof that you are an approved foster carer, for example a letter from the organisation that has approved you as a foster carer, or proof of the income you get for fostering.

## Part 16 **Anything else you need to tell us**

Use the checklist on pages 19 to 21, part 17 to tell you about the types of evidence you must provide

## Part 17 Checklist

Please tick the relevant box to tell us what proof you are sending with this form. Refer to the front page of this form for how to return this form and evidence.

If you do not provide all the proof we need within 1 month of us receiving this form to you we may decide that you do not qualify for Housing/Council Tax Support

### Part 1 About you

**Proof of your partner's identity; if you have not told us about them before. We need to see one of the following documents for your partner. Please tick the box to show which documents you are sending with this form**

- Birth Certificate
- Marriage Certificate
- Civil Partnership Schedule
- NHS Medical Card
- Full Driving Licence
- Passport
- Home Office Documents

**If you, or your partner has reached state pension age you are now a mixed age couple you may have to make a claim for Universal Credit. We will write to you about this. You can find out more information about this at <https://www.gov.uk/universal-credit/eligibility>**

- National Insurance Card
- P45
- A Private Pension Slip
- A Payslip

### Part 5 About other people that live with you. Please tick the box to show which documents you are sending with this form

- **We need to see proof of any Child Benefit you get for a child. We need to see proof about any income your non dependants receive.** If you do not provide proof about your non dependant's income we will take the highest non dependant deduction
- Last consecutive 5 weekly / 3 fortnightly / 2 monthly payslips
- Contract of employment if somebody has just started work
- Proof of your non dependant's self employed earnings, latest accounts
- Child Benefit Award Letter or letter telling you that it has stopped
- Official State/Private and Occupational Pension award letter
- Child and Working Tax Credit Award letters, all pages please
- Payment slips for any other income received
- Student certificate, this must include the course name and whether it is full or part time

**Part 6 About your carer. Please tick the box to show which documents you are sending with this form. We need to see proof that your carer/s stays overnight but does not live with you and that you need that over night care.**

- Social services/agency care plan/agreement
- Document showing carer/s home address or employers if employed
- Medical Evidence

**Part 7 About your Pensions. Please tick the box to show which documents you are sending with this form**

- Pension Credit Award Letter - whole letter please
- Pension Service letters (all pages) to show current award
- Official Private/Occupational Pension Award letters showing current payments
- Payment Slips showing current payments
- State Retirement / Widows / War Widows Pension Award letters showing current payments
- Bank Statements showing current payments

**Part 8 Students. Please tick the box to show which documents you are sending with this form.**

We need to see proof of any grants, loans or bursaries you and your partner get.

- Proof of your and your partner's student loan, bursary or grant. Please make sure you send the full award letters

**Part 9 About your Childcare costs. Please tick the box to show which documents you are sending with this form.**

We need to see proof of any childcare costs you or your partner pay.

In addition to the evidence required below we will send a form for your childcare provider to complete.

- Letter or Invoice that shows payments you make
- Registration Certificate or other document showing the childcare provider's registration number

**Part 10 About your work. Please tick the box to show which documents you are sending with this form.**

We need to see proof of all the work that you and your partner do and the money you get

- Last consecutive 5 weekly / 3 fortnightly / 2 monthly payslips for each job you / your partner have
- Contract of employment for each job if you have just started work
- Certificate of earnings (included in this form) filled in by your employer

**Part 11 About being self-employed. Please tick the box to show which documents you are sending with this form**

We need proof of you and your partner's self-employed earnings

- If you have just started your business you can complete part 11 of this form. Estimate your income and outgoings for the next 3 months. We will write to you after the 3 month period and you must provide actual evidence of all the money you have made and details of your expenses.
- If you have been trading for more than one year; accounts showing your business gross income and expenses received and paid in the last complete financial year (April to March). If you have been trading for more than one year but this is not a complete financial year, your prepared accounts must be for the last 12-month period. These accounts do not have to be prepared by an accountant.
- Evidence of any pension contributions you/your partner pay.
- Last two months consecutive bank statements for all business accounts held. If you do not have a separate business bank account, you must provide the last two months consecutive bank statements for the account that you use for your business.

**What we do not accept**

A self-assessment tax form as evidence of your self-employed income. This is for tax returns only. It does not provide us the information that we require to calculate your self-employed income.

Receipts, invoices, bills, and statements related to your self-employed income and expenses, unless we have contacted you and asked you to provide these.

**Part 12 Certificate of Earnings Form**

- You can tear this part out and give it to your employer to fill in, if you, your partner or non-dependant do not have payslips.

**Part 13 About your Income. Please tick the box to show which documents you are sending with this form.**

We need proof of all your and your partner's income from other benefits and Tax Credits

- Benefit Award Letter - all pages
- Child and Working Tax Credit Award Letters - all pages

**If you/your partner have applied for a Benefit from DWP/Pension Service and are still waiting for them to contact you:**

- Send us You/Your partners P45 and your last wage slip from your previous employer and
- Write a statement on page 17 (Part 16) declaring what your current income is whilst you wait for the Jobcentre Plus to assess your entitlement to benefit. If your income is currently nil, please write a statement to confirm this along with details on how you are currently meeting your daily living expenses and
- Provide your last two months bank statements, once you have received these – if you are still waiting for your last bank statement, please do not delay in sending your written statement without these for the time being

**About your other income. Please tick the box to show which documents you are sending with this form.**

We need to see proof of all of your and your partner's income

- Payment slips
- Letter from Child Support Agency, Solicitors, Court papers, Charity etc telling you the payment amount and how often it is paid
- Letter from person paying you and/or your partner telling you the payment amount and how often it is paid

**Part 14 About your bank / building society accounts, savings and investments. Please tick the box to show which documents you are sending with this form**

We need to see proof of your and your partner's Capital / Savings and Investments

- Last 2 months consecutive bank statements for all accounts held, showing full transactions and balance
- Last 2 months consecutive bank statements, showing current payments
- Building Society book updated to show current balance
- Premium Bond certificates
- National Savings Certificates
- ISA Statements
- Unit Trust certificates
- Share/Stock Certificates

**Part 15 About your other properties. Please tick the box to show which documents you are sending with this form**

- Recent property valuation
- Mortgage statement
- Proof of ownership

## Part 17 Declaration and signature

**You must read and sign this section. Failure to do so will delay your claim.**

### Data protection

We will put the information you give on this form on a computer system, which is registered under the 1998 Data Protection Act. We will treat the information as confidential. We must give some of the information you give to the Department of Work and Pensions (DWP) and the Child Support Agency. Also some of the information may be used for Council Tax purposes.

We must try to prevent fraud. We may compare the information you give on this form with other information we have, and we may give it to other bodies to help prevent or detect fraud. For further information, see [www.chelmsford.gov.uk](http://www.chelmsford.gov.uk)

### Warning

If you give us false statements, information or documents to support your claim, or you continue to receive benefit when you have not told us about any changes in your circumstances which could affect your benefit, we may prosecute you under the Theft Act 1968 or the Social Security Administration Act 1992, Local Government Finance Act 1992, Fraud Act 2006, or The Council Tax Reduction Schemes (Detection of Fraud and Enforcement) (England) Regulations 2013.

### Declaration

- I normally live at and am claiming benefit for the address given on page 2.
- I am not claiming benefit for any other address.
- There have been no other changes in my circumstances which I have not reported to you
- I agree that you can check the information on this form
- As far as I know, the information I have given on this form is true and complete. I understand I may be prosecuted if I give false information or if I withhold information that is relevant to my claim.

**Some people may only receive either Housing Benefit or Council Tax Support. Now that your circumstances have changed you may be entitled to both Council Tax Support and Housing Benefit**

**This change of circumstances form will be treated as your new claim for either Council Tax Support or Housing Benefit if you were not entitled to both previously**

Your signature

Date

Your partner's signature

Date

**I give permission for my partner named on this form to discuss my Housing Benefit, Council Tax Support or Discretionary Housing Payment award / application, and authorise Chelmsford City Council to disclose any relevant details of my award / application to my named partner.** Yes  No

**I give permission for the person/s named below to discuss my Housing Benefit, Council Tax Support or Discretionary Housing Payment award / application, and authorise Chelmsford City Council to disclose any relevant details of my award / application to that person/s.**

Name:	
Address:	
Contact number:	Relationship to you:

**If you did not fill in this form yourself, the person who filled it in for you must answer the following questions.**

Name of the person who filled in the form

Signature of the person who filled in the form

How are you related to the person making this claim?  
(for example, son, daughter, brother, sister, appointee, agent, friend)?

**Please return this form to:** Financial Services Group, Benefits Team.  
Civic Centre, Duke Street, Chelmsford, CMI IJE

The Benefits Service is committed to improving the service our customers receive, and we welcome your feedback on how we are currently doing, along with suggestions on how we can improve further.

**How were you made aware that you had to report this change to us?**

Information on my application form  Staff at the Council  Friend or family member   
Information on the Council website  Staff at the Jobcentre  Other (please specify)

**Are you aware you can call our Change in Circumstances Line to report changes?** Yes  No  **How do you prefer to report changes to us?** By phone  In person   
In writing  By email

**Did you find this form easy to read and complete?** Yes  No

If no, how could we improve this for you?

**On the last Satisfaction Survey, some of our service users asked for a separate queue in the Contact Centre for handing in documentation. As a result we are looking into the possibility of using local Libraries, as locations for you to do this and avoid queuing. This service would also be available on Saturdays and Sundays at most libraries.**

I would definitely use this service  I would use this service on weekends   
I would use this service on weekdays  I will continue using the Civic Centre

I wouldn't use this service (Please tell us why)

(Please base the following questions on the last time you contacted our department to discuss your claim)

**If you telephoned us, how long did you have to wait before your call was answered?**

Under a minute  1 - 5 minutes  6 - 10 minutes  11 - 15 minutes  Over 15 minutes

**If you contacted us in person, how long did you wait in the Contact Centre reception area?**

0 - 5 minutes  6 - 10 minutes  11 - 15 minutes  16 - 30 minutes  31 to 60 minutes

**To what extent do you agree with the following statements? (Please tick only one box for each)**

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
The Benefits staff are helpful and polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am given clear answers to my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Benefits staff are knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**On a scale of 1-10, where 10 is the best and 1 the worst, how would you rate your experience of using our Change in Circumstances Line?**

1  2  3  4  5  6  7  8  9  10

**Finally, if you could change one thing about the Benefits Service, what would it be?**

Thank you for taking the time to complete this section.

