

## CHANGE OF CIRCUMSTANCES

Your name and address:

Date of Issue:

Benefit Ref:

Claim Type:

Receipt Date:

### SECTION 1 - YOU AND YOUR PARTNER

Do you have a partner who normally lives with you?

Yes

If yes, complete this form giving details for you and your partner

No

By **partner** we mean someone you are married to or live with as if you are married or someone who is your civil partner or lives with you as if they are your civil partner.

**You**

**Your Partner**

Title Mr. Mrs, Miss, Ms



Surname



Other names



Date of Birth

 /  / 
 /  / 

Your Daytime Telephone No.

You do not have to give this but it may help us deal with your claim more quickly



Letters

Numbers

Letter

Letters

Numbers

Letter

National Insurance Number

     
     

Are you registered blind?

Yes

No

Yes

No

Are you incapable of work because of disability / illness?

Yes

No

Yes

No

Does anyone get Carers Allowance for looking after you?

Yes

No

Yes

No

Do you have a vehicle from a Mobility Scheme?

Yes

No

Yes

No

Are you in hospital / nursing home at the moment?

Yes

No

Yes

No

If yes, please give the date you went in and expect to come out.

Date in: / /

Date in: / /

Date out: / /

Date out: / /

## SECTION 2 - CHILDREN OR YOUNG PERSONS WHO LIVE WITH YOU

Do any children live with you? Yes  Give details below No  Go to **Section 3**

	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child
<b>Surname or family name</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Other names</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Date of Birth</b>	/ /	/ /	/ /
<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>Do they get Disability Living 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>Are they due to leave school in the next 12 months?</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"/>
If yes, give the date they will leave	/ /	/ /	/ /

## SECTION 3 - OTHER PEOPLE LIVING WITH YOU

Do any Adults live with you? Yes  Give details below No  Go to **Section 4**  
 By adults we mean people over 16 who nobody gets Child Benefit for.

	1 <sup>st</sup> Person	2 <sup>nd</sup> Person	3 <sup>rd</sup> Person
<b>Surname</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Other names</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Date of birth</b>	/ /	/ /	/ /
<b>Relationship to you</b> son, lodger, etc.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Date they joined your household</b>	/ /	/ /	/ /
<b>Are they getting:-</b>			
<b>Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Pension Credits?</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>Disability Living 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>Attendance 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"/>

## SECTION 3 CONTINUED - OTHER PEOPLE LIVING WITH YOU

Do any of the following apply?  
They are:-

	1 <sup>st</sup> Person		2 <sup>nd</sup> Person		3 <sup>rd</sup> Person	
<b>A full time student/student nurse?</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>A care worker or apprentice?</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>On a Youth Training Course?</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>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>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>Do they work?</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"/>
If yes, do they work for 16 hours or more each week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Give their <b>gross</b> weekly income from <b>all sources</b> - include earnings, benefits, pensions, interest on capital etc.	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
<b>Do they pay you rent?</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"/>
If yes, state how much each week.	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
State how much is for heating, if any.	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
State how much is for meals, if any.	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
<b>Are they currently in hospital or legal custody?</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 their partner also lives in your home, give their partners full name.</b>	<input type="text"/>		<input type="text"/>		<input type="text"/>	

# SECTION 4 - BENEFITS, PENSIONS AND UNEARNED INCOME

**Are you or your partner in receipt of any benefits or unearned income?**

Yes  Give details below

No  Go to **Section 5**

**YOU**

**YOUR PARTNER**

	Amount £                      p	How often is it paid? Weekly, Monthly, 4 Weekly	Amount £                      p	How often is it paid? Weekly, Monthly, 4 Weekly
<b>PENSIONS</b>				
Private or Employment Pension	£		£	
State Retirement Pension	£		£	
Pre - 1973 War Widows Pension	£		£	
War Widows Pension	£		£	
War Disablement Pension	£		£	
Savings Credit	£		£	
<b>DISABILITY BENEFITS</b>				
Attendance Allowance	£		£	
Disability Living Allowance (Mobility)	£		£	
Disability Living Allowance (Care)	£		£	
Severe Disablement Allowance	£		£	
Incapacity Benefit	£		£	
Employment Support Allowance (Contribution based)	£		£	
Carers Allowance	£		£	
<b>OTHER BENEFITS/CREDITS</b>				
Child Benefit	£		£	
Maternity Allowance (from Dept Work & Pensions)	£		£	
Job Seekers Allowance (Contribution based)	£		£	
Child Tax Credit	£		£	
Working Tax Credit	£		£	
<b>OTHER INCOME</b>				
Maintenance for a child	£		£	
Maintenance for you or your partner	£		£	
Student Support / Loan	£		£	
Training Allowance	£		£	
Business Start Up Allowance (Self Employed)	£		£	
<b>Any other Income</b> (give details)	Income type		Income type	
	£	every	£	every

**Have you received a lump sum payment following deferral of your State Pension?**

Yes

No

Yes

No

If Yes, tell us the **gross** amount and the date you received it.

£

Date:

£

Date:

## SECTION 5 - EARNED INCOME

**Are you or your partner working?**

Yes  Give details below

No  Go to **Section 6**

**YOU**

**YOUR PARTNER**

**Are you self employed?**

Yes  No

Yes  No

If yes, when did the business start?

/ /

/ /

What kind of work do you do?

How many hours a week do you usually work?

What is your business address?

**Do you receive a wage or salary from an employer?**

Yes  No

Yes  No

If yes, answer all of the questions below.

**What is your employers name and address?**

**When did you start this job?**

/ /

/ /

**How many hours do you usually work each week?**

**How much is your normal gross pay before deductions?**

£

£

**Enter the amount of any regular overtime, bonuses, commission or tips**

£

£

**How often do you receive this pay?**

ie, Weekly, Monthly, 4 Weekly etc.

**When will your next pay rise be?**

/ /

/ /

**How are you paid?**

For example, cash, by cheque, or straight into a bank or building society account

**Are you getting any sick pay or maternity pay?**

Yes  No

Yes  No

If yes, give the date this began.

/ /

/ /

**If you have more than one job, please enter additional details at Section 9.**

# SECTION 6 - CAPITAL, SAVINGS AND INVESTMENTS

**Do you or your partner have any accounts, capital, savings, investments or other money listed below?**

Yes  Give details below

No  Go to **Section 7**

**YOU**

**YOUR PARTNER**

**Bank Account (1)**

Give account number

£

Acc:

£

Acc:

**Bank Account (2)**

Give account number

£

Acc:

£

Acc:

**Building Society Account (1)**

Give account number

£

Acc:

£

Acc:

**Building Society Account (2)**

Give account number

£

Acc:

£

Acc:

**Post Office Account (1)**

£

£

**Post Office Account (2)**

£

£

**Premium Bonds**

£

£

**Cash Savings**

£

£

**National Savings Certificate.**

Give:-

- The issue number

- How many you have **and** the current value

No.

£

No.

£

**Stocks, Shares, Bonds, Unit Trusts.** Give:-

- The Company Name

- How many you have **and** the current value

No.

£

No.

£

**Property, Land or Time Share**  
(Other than your normal home)  
**Give the property address**

**Capital from any other source**  
E.g. ISA's, TESSA's,  
Compensation.

Capital type

Capital type

£

£

## SECTION 7 - PAYMENTS YOU MAKE

	YOU		YOUR PARTNER	
<b>Do you pay any money into a Personal Pension Scheme?</b> If yes, give:-	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>The amount</b>	£ <input type="text"/>		£ <input type="text"/>	
<b>How often is it paid?</b> e.g. weekly, monthly, 4 weekly	<input type="text"/>		<input type="text"/>	
<b>Do you pay any parental contributions to support a son or daughter at college or University?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you pay child care costs to a registered child minder, nursery or after school club?</b> If yes, give:-	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The name of the child minder and their registration number	<input type="text"/>			
The amount you pay them	£ <input type="text"/>		Every	<input type="text"/>
	(For example, every week, fortnight, 4 weekly.)			
<b>Does this change or stop such as during school holidays?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list the weeks it changes	<input type="text"/>			
<b>Are the costs reduced due to funding from North Yorkshire County Council?</b> (check this with your childcarer).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## SECTION 8 - ABOUT YOUR RENT - PRIVATE TENANTS

<b>Do you rent your home from a private landlord or Housing Association?</b>	Yes <input type="checkbox"/>	Give details below	No <input type="checkbox"/>	Go to <b>Section 9</b>
<b>How much is the rent for your home?</b>	£ <input type="text"/>		Every	<input type="text"/>
	(For example, every week, fortnight, 4 weekly.)			

## SECTION 9 - ANYTHING ELSE YOU NEED TO TELL US

Use the space below to tell us of any other changes or anything else you think we should know about.

## SECTION 10 - DECLARATION

**Please read this declaration carefully before you sign and date it. You must sign this declaration, even if someone else has filled this form in for you.**

**I understand the following :-**

- I understand the details I have provided on my claim form will be held in a computer system registered under the Data Protection Act.
- If I give information that is incorrect or incomplete, you may take action against me. This may include possible prosecution.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources such as government departments, or local authorities as required by law.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits, Tax Credits or Pension Credits I have made or may make. You may give some information to other departments of Harrogate Borough Council for official purposes; to other organisations, such as government departments, local authorities and private-sector companies such as banks, and organisations that may lend me money, if the law allows this.
- You may tell the North Yorkshire County Council Supporting Team about my claim where my landlord provides a funded support service to me.

**I know** I must let the Council know about any change in circumstances which may effect my claim.

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

**Your Signature**

**Date**

 

**Partners Signature**

**Date**

 

**If someone else has filled in this form for you, please sign the declaration above and also complete below.**

Name and address of the person who filled in the form.

**I confirm that I have checked with the person claiming that the answers I have written on this form are true and complete.**

**Their Signature**

**Date**

 

**Claimants Signature**

**Date**

 

**Please return your completed form to:- Benefit Services, Scottsdale House, Springfield Avenue, Harrogate HG1 2SD. Tel: 01423 556455.**