



If you have any questions about this form or if you need help to complete it please contact the Benefits Office on 01970 633252 fax 01970 633131 or email revenues@ceredigion.gov.uk or you may call at one of our enquiry offices listed on the back page.

LA date stamp

[Empty box for additional information]

HOUSING BENEFIT AND COUNCIL TAX REDUCTION CHANGE IN CIRCUMSTANCES FORM

Claim Reference No.

Date issued

The Council will use the information you have submitted to accurately calculate your entitlement to Housing Benefit/Council Tax Reduction. Further information about your Data Protection rights in line with the provisions of the General Data Protection Regulations and Data Protection Act 2018, for example how to contact the Data Protection Officer, how long your information is held or how we process your personal information can be found at: <http://www.ceredigion.gov.uk/your-council/data-protection-freedom-of-information/data-protection/privacy-notice/> Printed copies of the Council's Privacy Notices can be provided on request. The Council will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this.

Section A About you and your partner

Partner means : a person you are married to; a person you live with as though you were married; a civil partner; a person you live with as though you were civil partners.

If you and your partner have recently moved in together please provide your or your partner's previous address in the free space in Section H.

	YOU	YOUR PARTNER
Title	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Address	<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"/>
N. I. 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"/>
Telephone number	<input type="text"/>	<input type="text"/>

Section B Household members

Please list everybody who lives with you. Please include your partner (if applicable) children and other adults who live with you. If none please write 'none'.

Name	relationship to you	date of birth	N.I. number

If anyone has moved in or out of your household or if there has been a change in their income since you made your application or since your last review please provide details, including dates, below.

Section C Benefits, Pensions and Credits

Please provide details of all benefits, pensions and credits you and your partner receive. This includes:

- | | | |
|--|-----------------------|---------------------|
| Income based Job Seekers Allowance | State Pensions | Income Support |
| Contribution based Job Seekers Allowance | Pension Credits | War Pensions |
| Universal Credit | Incapacity Benefit | Carer's Allowance |
| Occupational Pensions | Attendance Allowance | Fostering Allowance |
| Disability Living Allowance / PIP | Child Tax Credits | Adoption Allowance |
| Industrial Injuries Disablement Benefit | Child Benefit | Maternity Allowance |
| Mobility Allowance or supplement | Guardians Allowance | Working Tax Credit |
| Severe Disablement Allowance | New Deal | |
| Reduced Earnings Allowance | Bereavement Allowance | |
| Employment and Support Allowance | | |

If you do not receive any benefits, pensions or credits write 'none'

YOU

Type of benefit, pension or credit	Amount	How often	Reference number

YOUR PARTNER

Type of benefit, pension or credit	Amount	How often	Reference number

If any of your benefits, pensions or credits have changed since you made your application or since your last review please provide details, including dates, below.

Section D Earnings

Please give details of your earnings and your partner’s earnings. If none please write ‘none’. If you have more than one employer please tell us about all of them (please use the additional space at the end of this section if needed). If you have recently started work please enclose your contract of employment or letter from your employer confirming your employment details; if already in work - evidence of all earnings (five weekly payslips, two monthly payslips, or last audited accounts if self-employed).

Are you or your partner self employed?	You	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Your Partner	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

	YOU	YOUR PARTNER
What kind of work do you do?	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Employer I What is your employer’s name and address (or your business address if self employed)?	<input style="width: 95%; height: 70px;" type="text"/>	<input style="width: 95%; height: 70px;" type="text"/>
What is your payroll/staff number?	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
When did you start this job or this self employment?	<input style="width: 95%; height: 20px;" type="text" value=" / "/>	<input style="width: 95%; height: 20px;" type="text" value=" / "/>
How many hours a week do you usually work?	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
How often do you get paid?	<input style="width: 95%; height: 20px;" type="text" value="every"/>	<input style="width: 95%; height: 20px;" type="text" value="every"/>
How much do you get paid before Tax and National Insurance are taken off?	<input style="width: 95%; height: 20px;" type="text" value="£"/>	<input style="width: 95%; height: 20px;" type="text" value="£"/>
When was your last pay rise?	<input style="width: 95%; height: 20px;" type="text" value=" / "/>	<input style="width: 95%; height: 20px;" type="text" value=" / "/>

Employer 2

What is your employer's name and address (or your business address if self employed)?

YOU

YOUR PARTNER

What is your payroll/staff number?

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--

When did you start this job or this self employment?

/ /

/ /

How many hours a week do you usually work?

--

--

How often do you get paid?

every

every

How much do you get paid before Tax and National Insurance are taken off?

£

£

When was your last pay rise?

/ /

/ /

YOU

YOUR PARTNER

Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP), from your employer at the moment?

Yes

No

Yes

No

Are you getting any other sick pay from your employer at the moment?

Yes

No

Yes

No

Do you pay into a pension scheme?

Yes

No

Yes

No

How much do you pay and how often?

£	every
---	-------

£	every
---	-------

Are you employed for a limited period?

No

Yes

No

Yes

If Yes when will you finish?

/ /

Please remember to enclose evidence of all earnings (five weekly pay slips, two monthly pay slips or last audited accounts if you are self employed) with this form

Please use the space below to provide additional information about your income or earnings.

--

Section E Other Income

Do you, your partner, your children or non-dependants have any money coming in that you have not already told us about on this form? This could include maintenance payments, training allowances, money from a trust fund, student grants, money from lodgers or sub-tenants.

	Other Money 1	Other Money 2	Other Money 2
What is the money for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the money?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do they get?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How is this paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often is this paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did the payment of this money start?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does anyone owe money to you, your partner or your children?

No

If Yes please tell us about it in Section G (*how much, who it is owed to and what are the re-payment terms*)

Yes

Section F Childcare

You **may** be able to get more benefit if you have a child who is looked after by a **registered** childminder or who goes to a nursery, playscheme or after-school club.

Do you or you partner make payments for child care?

No

Go to Section G

Yes

Please tell us about this here.

We need to see five consecutive receipts if you pay weekly, or two if you pay monthly, and your contract if you have one. If the amount you pay varies during term time, holidays or due to your shift rota, please give full details over a three month period and provide proof of payment.

What is the name and address of your registered childminder, or the nursery, playscheme or after-school club?

What is their registration or reference number?
This will be on your contract.

What is the name of the child or children being cared for?

How much do you spend each week on child care?

Does the amount you pay vary, for example, during term time, holidays or according to your shift rota?

No

Yes

Section G Investments, bank/building society accounts, savings, capital, land and property.

You must tell us below about property (other than the home you live in), land, savings, investments and shares owned by you or your partner. This includes:-

- | | | | |
|-----------------------|------------------------|----------------------|---------------------------|
| Bank current accounts | Bank deposit accounts | Post office accounts | Building society accounts |
| Premium bonds | Stocks and shares | TESSA's | ISA's |
| PEP's | Fixed term investments | Money loaned to you | Any other capital |

Details of all bank / building society accounts, premium bonds, investments, land etc.

YOU

Type	Account /savings/ land /property details	value
		£
		£
		£
		£
		£
		£

YOUR PARTNER

Type	Account /savings/ land /property details	value
		£
		£
		£
		£
		£
		£

Please use this space to provide additional information or if any of the above have changed and we have not been informed please provide details and the date of change here.

Section H Other changes

Has there been any other change in your circumstances since your application or last review that may affect your entitlement to Housing Benefit or Council Tax Reduction?

No Go to section I

Yes Please give details and relevant dates below

Section I Declaration and Signature

Please read the declaration then sign and date it.

- ≠ I enclose the documentation you have requested (the notes on the back page explain what is acceptable as documentary evidence)
- ≠ I authorise the Council to make any enquiries that are necessary to validate the information provided above.
- ≠ I know that I must tell the benefits office immediately about any change in my circumstances which may affect my claim.
- ≠ I understand you may use the information as stated on the front of this form.
- ≠ I declare the information I have given is accurate and true and I understand that I may be prosecuted if I obtain benefit dishonestly.

Your signature

Your partner's signature

Date

Date

If you have completed this form on behalf of the applicant please provide the following

Your name and address

Relationship to applicant

Signature

Documentary evidence of capital, savings and investments

The following ORIGINAL items are required as evidence of your change in income, earnings, savings, investments, land or other capital.

Savings, investments, land or other capital

Full bank or building society statements covering 2 months (mini statements are not acceptable). Post Office books covering two months, evidence of investments, Premium Bond / National Savings and share certificates, evidence of land / property transactions or any other documentary evidence relating to the change in capital.

Earnings

5 weekly payslips, 3 fortnightly payslips or 2 monthly payslips. Brown pay packets are not acceptable. If you are self employed please provide your accounts for the last financial year or if you have been trading for less than 6 months a summary of your trading records so far.

Income from benefits, allowances, pensions and credits


Please provide your most recent notification of award, current benefit payment book or other evidence of your current entitlement.

Childcare

Documentary evidence of any child care costs e.g. a letter from the child care provider which confirms the weekly child care cost, the number of weeks in the year this is to be paid and whether the charge is likely to change within this period. Please provide a copy of the certificate which confirms they are registered with the Local Authority. If the child care provider is exempt from registration, the letter should state this.

Please return your completed form, together with evidence of income earnings, capital and investments by post or in person to :

**Corporate Lead Officer: Finance and Procurement, Housing Benefit Section,
Canolfan Rheidol, Rhodfa Padarn, Llanbadarn Fawr, Aberystwyth, Ceredigion.
SY23 3UE** or in person to any of the local offices listed below

 01970 633252

Fax 01970 633131

Email revenues@ceredigion.gov.uk

Enquiry offices

Council Offices, Market Street, Aberaeron

Council Offices, Morgan Street, Cardigan

Council Offices, Market Street, Lampeter

Or visit our web site at: <http://www.ceredigion.gov.uk/>

CERTIFICATE OF EARNED INCOME (Private & Confidential)								
To be completed by the employee :								
Name :								
Address :								
Employee/Works Number :			Occupation :					
National Insurance Number :			Signature :					
To be completed by the employer :								
I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning it to the address at the top of this letter.								
If you hold a National Insurance Number different to that shown, please insert it here:								
Please indicate how often the employee is paid. If Other, please state the period.								
Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4-Weekly <input type="checkbox"/> Calendar Monthly <input type="checkbox"/> Other <input type="checkbox"/> _____								
Please indicate the method of payment e.g. cash, cheque, BACS etc :								
Normal Basic Pay :			Normal Hours Worked :					
Pay details for the last 5 weekly, 3 fortnightly or 2 monthly/4-Weekly periods (including overtime, bonus, Sick Pay (whether Statutory or Private), Statutory Maternity Pay, Commission etc).								
Pay Period Ending	Number of Hours Worked	Gross Pay	Income Tax	National Insurance Contribution	Superannuation/ Pension Contributions	Please confirm Gross to Date in respect of:		
						Pay	Tax	National Insurance
Name :		Position in Business :						
Business Name & Address :								
Telephone Number :								
DECLARATION:		I confirm that the information given is true and complete.						
Signature :								
Please endorse with the business's authorisation stamp.								

CERTIFICATE OF EARNED INCOME (Private & Confidential)								
To be completed by the employee :								
Name :								
Address :								
Employee/Works Number :			Occupation :					
National Insurance Number :			Signature :					
To be completed by the employer :								
I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning it to the address at the top of this letter.								
If you hold a National Insurance Number different to that shown, please insert it here:								
Please indicate how often the employee is paid. If Other, please state the period.								
Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4-Weekly <input type="checkbox"/> Calendar Monthly <input type="checkbox"/> Other <input type="checkbox"/> _____								
Please indicate the method of payment e.g. cash, cheque, BACS etc :								
Normal Basic Pay :			Normal Hours Worked :					
Pay details for the last 5 weekly, 3 fortnightly or 2 monthly/4-Weekly periods (including overtime, bonus, Sick Pay (whether Statutory or Private), Statutory Maternity Pay, Commission etc).								
Pay Period Ending	Number of Hours Worked	Gross Pay	Income Tax	National Insurance Contribution	Superannuation/ Pension Contributions	Please confirm Gross to Date in respect of:		
						Pay	Tax	National Insurance
Name :		Position in Business :						
Business Name & Address :								
Telephone Number :								
DECLARATION:		I confirm that the information given is true and complete.						
Signature :								
Please endorse with the business's authorisation stamp.								