

Surrey Heath Borough Council

Surrey heath House Knoll Road Camberley Surrey GU15 3HD Direct phone: 01276 707100

E-mail: benefits@surreyheath.gov.uk

Housing Benefit and Council Tax Reduction change of address form

Reduction c	hange	e of add	ares	s to	rm
			1		
Reference number:					
About this form					
Please fill in as much of this for that part. Please use black ink	to fill in this fo	rm and write your	answers o	clearly. W	ant to you and all the questions in the form, then you have filled in the form, the proof we need, you can send
If you need help completing this can also find advice on our web					ne into our office for advice. You nis form.
Proof you must prov	ide - (Orig	jinals only).			
Proof of your new rent					
We can accept your new tenan you provide must include the fo			landlord o	or a Confi	rmation of Rent Due? Any proof
 The name and business The date the agreement The amount you have to How often you have to po What is included in the reference of the point of	started. pay. ay rent. ent.	·		agent.	
Please note: for Council Tax Re'claimant' is used this means 'a		e the word 'claim'	is used th	is means	'application',and where the word
For office use only					
Date requested	Date	e issued			Date received

Part A About you and	your partner	
What do you want to claim?	ousing Benefit Council Ta	x Support Both
2. Do you have a partner?	Yes	No
If 'Yes', you must answer all questions about t you live with as if you are married to them, or		
	You	Your Partner
3. Title (Mr, Mrs, Ms, other)		
4. Last name		
5. First name(s)		
6. Date of birth (dd/mm/yyyy)	1 1	1 1
7. National Insurance Number		
Your new address (the address you want to claim for)	Posto	code
9. What date did you move into the property?	1 1	<i>I I</i>
10. Are you temporarily absent from the property?	Yes No	Yes No
If 'Yes', please tell us when this absence starte	ed, when you expect to return and the	e reason for absence.
Date absence started	1 /	1 1
Date you expect to return	1 1	<i>l l</i>
Please tell us your reason for absence in F	art H.	
11. Phone number(s)		
12. Email address		

About you and your partner (continued) You Your Partner 13. What was your last address? From: 14. What dates did you live there? To: **Overlapping Housing Benefit** Part B If you have to pay rent for your old and new address at the same time please fill in this section. 1. When were you offered your / / new tenancy? 2. How much notice did you have to give at your old property? 3. When did you give notice? / / 4. When does your rent liability / / at your old address end? 5. What date did your liability / / rent on your new address start? 6. Were you unable to move into your new address straight away Yes No as it needed adaptations due to disability for, or a family member? 7. If 'Yes', please tell us about the adaptations that needed to be made and when they finished.

If your previous tenancy ends after the date you moved into your new home we may be able to pay overlapping Housing Benefit, but only if you could not have avoided having a liability on both properties. Please tell us in Part H why this could not be avoided. If you do not give reasons we will not be able to consider awarding overlapping Housing Benefit.

You will need to provide a letter from your old landlord confirming the date your tenancy ends and that the property will not be let to anyone else before this date. We will not be able to give overlapping Housing Benefit without this proof.

Part C	About o	ther people who	live with y	ou .		
Does anyone els	e normally live v	vith you and your partne	r?	Yes	No	
lf 'No', go to Part	D, if 'Yes', ansv	ver all questions in this p	art.		_	_
	bout all the peop	ole who normally live with	n you, even if th	ey do not pay y	you rent, apart f	from any
joint tenants.						
N	ame	Date o	f birth /	Re	elationship to y	you
		1	1			
		1	1			
		/	1			
		1	1			
		I	1			
		1				
		1				
		1				
		,				
f you pay childca	are, please fill in	a Childcare Costs Cer	tificate (you car	n download this	s form from our	website).
You must tell us	about any chanç	ges in the:				
	oital of anyone w of anyone who li	ho lives with you (excep	t joint tenants):			
Do any of thes	e people need th	neir own bedroom due to	health or disab	ility?	Yes	No [
-		example a letter from the				
		non-resident carer who after you or your partne			Yes	No
'Yes'						–
Do you have a	room that is use	d solely for the carer to	sleep in overnig	ht?	Yesp	Your artner
					Yes	No
Does the carer	have his or her	own home(s) elsewhere	?		Yes	No

Part D Questions for people who pay rent

If you would like help with yo	our rent, please fill in this sec	tion. If not, please go to Part	J.
What date did your ten	ancy start?		1 1
2. How much is your full i	rent?		
3. How often is the rent c	harged?		
4. What was the date of t	the most recent rent increase	?	1 1
5. When is the next rent i	ncrease due?		1 1
6. What period of notice	to vacate the property is requ	ired?	
7. Does anyone else sha	re the rent with you and your	partner? Y	res No
If 'Yes', tell us their names, t			%
percentages of rent they pay and their relationship to you			
your partner (if you have one			%
	any of the following, please f your rent does not include a		box if you don't know the
Service	If included, how much?	Service	If included, how much?
Heating		Water rates	
Lighting		Personal care and support	
Hot water		Cleaning of accommodation	1
Fuel for cooking		TV Licence	
Laundry		Gardening	
Garage		Other	
11. Does your rent include	? Breakfast	Part Board	Full Board
12. If you rent a garage, is	it part of your tenancy?	Yes	No

Part D Q	lues	tions i	or p	eopi	e wno	pay	rent	(con	iinuea)			
13. What sort of For examp						2						
(semi/deta							ostel.					
14. What is you	1. What is your room or flat number?											
15. Please tell rooms you			mber	of roon	ns in the լ	property	, the	numbe	r of rooms	you use	e and the number of	:
Type of	f roon	1		perty t	of rooms hat you l ess to		u	sed jus	of rooms st for you household	i	Number of room that you share w others	
Living rooms												
Bedsitting room	ıs											
Bedrooms												
Bathrooms												
Shower rooms												
Toilets												
Kitchens												
Other rooms												
16. If you have microwave		_	om, wl	nere ai	re the coo	king fa	cilities	and wh	at do they	include	e, such as a cooker,	
17. If you rent standing o							in the	proper	ty it is (for t	his que	estion, assume you	are
Front Left		Front Ce	ntre		Front Ri	ght						
Centre Left		Centre			Centre F	Right						
Back Left		Back Ce	ntre		Back Ri	ght						
18. How many 19. Using the d floor is you	liagrar	n as a gui			•					`	3rd floor or above 2nd floor 1st floor Ground floor Basement	
20. The proper	ty is le	et as			Furr	nished		Partly	Furnished		Unfurnished	
21. Does your l	home	have			G	arden		Centr	al Heating		Parking Space	
22. Who is resp	oonsib	le for inte	rior de	coratio	on?	You		You	ur landlord		Don't know	
23. Do you use	your	home for	busine	ess?		Yes			No			

Questions for people who pay rent (continued) Part D 24. What is the full name, business address and phone number of your landlord? Full name Phone number Address F-mail

	address		
25.	If your landlor number.	rd has an agent, who you actually pay rent to, please tell us their	full name, address and phone
	Full name	Phone number	
	Address		
	E-mail address		
26.		partner or your children related to your landlord our landlord or agent's partner?	Yes No
	If 'Ye	es', what is the relationship?	
27.	ls your landlo	rd a previous partner of yours?	Yes No
28.	Have you or y	our partner ever owned the property you are renting?	Yes No
	If 'Ye	es', when did this change?	1 1
29.	Do you have	a lease that is for 21 years or more?	Yes No
30.	Are you, or haunder the Chi	ave you been under a care order or looked after ldren Act?	Yes No
31.	Have you pre at least three	viously lived in a hostel for homeless people for months?	Yes No

Part E Paying Housing Benefit

Please give us your bank or building society details so we can pay you. **Do not write your landlord's details here.** If we can pay your landlord we will write to them to get their details.

Please note that we only pay Housing Benefit by BACS and it will be paid direct into your bank or building society account.

We are not able to make payments into some accounts, such as Individual Savings Accounts (ISAs), Post Office Card Accounts and some Savings Accounts. If you are unsure whether you have a suitable bank account or would like help to open an account, please contact us or your local Citizens Advice Bureau.

1.	Name of your Bank or Building Society
2.	Address or your Bank or Building Society
	De des des
	Postcode:
3.	Names as they appear on the account
4.	Branch sort code — — —
5.	Account number
6.	Building Society account/roll number
	We may be able to pay your Housing Benefit to your landlord or their agent. If you would like us to pay your benefit to them please tick the box below.
	I would like my Housing Benefit to be paid to my landlord or his agent
	Please tell us if there are any reasons why we should pay your landlord, for example, if you:

- Feel it will help you get or keep a tenancy
- Cannot read and write, or speak English
- Are addicted to drugs, alcohol or gambling
- Are fleeing domestic violence
- Have recently left care
- Have a mental illness that seriously impairs your ability to manage on a day-to-day basis
- Have just left prison following a long sentence
- Have medical conditions

- Have severe debt problems
- Have had recent county court judgements
- Have a proven, and substantial, history of rent arrears
- Are an undischarged bankrupt
- Have previously left a property, leaving substantial arrears
- Receive help from a homeless charity
- Have learning disabilities

Please give us more details in Part H if this applies

Part F Sharing information with your landlord

Sharing information with your landlord or their agent can help us to deal with your claim quickly and reduces the risk of you falling behind with your rent because your claim is delayed.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances we can contact your landlord without your permission. Under the Data Protection Act 1998 we need your permission to discuss anything else.*

If you give us permission, we would be able to tell your landlord whether:

- You have claimed Housing Benefit
- We have made a decision on your claim
- We had made a payment to you; or
- We need more information to make a decision on your claim, and if so what information we need

We will not give your landlord any information about:

- Your personal or household circumstances; or
- Your financial circumstances

You can withdraw your permission at any time. It will not affect your claim if you don't give us permission to discuss your claim with your landlord. If you want to give us your permission to discuss your claim with your landlord, please sign below.

I give my cour	ncil permission to share with my landlord, or their	agent.	
	cumstances, under the Welfare Reform Act 2012 on. We will only do this where the circumstances		
Your signatur	re	Date	
Part G	Other changes in circumstan	ce	
	J		
•	n the changes you have told us about in this form other changes in your circumstances?	, have there Yes	No
If 'Yes', ple	lease tell us what has changed and when it chan	ged in Part H.	
For examp	ple of changes of circumstances please see Part	I on page 11.	

Part H Additional Information

If you want to give any more information that would help us deal with your claim, please give details in this section. If there is not enough room, please attach a separate sheet of paper.

Part I Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form should allow us to process your claim more quickly, but they do not have to sign. Please read this declaration carefully before you sign and date it.

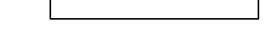
- The information I have given on this form is correct and complete as far as I know and believe.
- I understand that if I knowingly give information or evidence that is incorrect, incomplete or false, I may be liable to prosecution or other action.
- I agree that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Support, or both. You may check some of the information with other sources as allowed by the law.
- 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 such as banks and organisations that may lend me money, if the law allows this.
- I know that I must tell the Benefits Service of my Local Authority in writing straight away about any change in my circumstances which might affect my claim. Some examples of changes you must tell us about are given below (if you are not sure if a change may affect your claim please tell us anyway):
- If you rent your home, any changes to your rent or conditions of tenancy
- If you change address, even to another room in the same house
- Absence from your home for more than 13 weeks / 4 Weeks
- Tax Credit changes
- If you or your partner start working or change employer
- If you or your partner have a baby
- If anyone joins or leaves your household

- If the income of anyone in your household goes up or down
- If a child leaves school or Child Benefit stops
- If you or your partner's income goes up or down
- If you or your partner's savings or investments go up or down
- If you or your partner make a claim for Universal Credit, or
- If you or your partner come off Income Support, Jobseeker's Allowance, Employment and Support Allowance, Universal Credit.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see http://www.surreyheath.gov.uk/council/information-governance/data-matching-national-fraud-initiative or contact corporateenforcement@surreyheath.gov.uk

You may pass the information to other agencies, or organisations such as the Department for Work and Pensions or HM Revenues and Customs and any other parties as allowed by law. You may check information I have provided, or information about me that someone else has provided, with other information held by you. You may also get information about me from certain third parties, or give them information to prevent or detect crime; protect public funds and make sure the information is correct. These third parties include Government departments, local authorities and private-sector companies such as banks, organisations that may lend me money and companies that assist in fraud detection and prevention such as credit reference agencies. You will not give information about me to anyone else or use information about me for other purposes, unless the law allows you to do so.

Signature of person claiming		Date	1	1
Partner's signature		Date	1	1
The section below must be filled in if someone ha This includes an agent, appointee, relative or frien		rm for you.		
I have filled in this form on behalf of				
As they cannot fill in the form because				
I am (block capitals)				
Relationship to the person claiming				
As far as possible, I have confirmed with the personal correct	on claiming that the ans	wers I have written	on this form	are
Signature of the person		Date	/	1



When you have completed this form please return it to:

The Benefits Section
Surrey Heath Borough Council
Surrey Heath House
Knoll Road
Camberley
Surrey GU15 3HD

If you need help completing this form or require a home visit please contact the Benefits Section by:

By Phone: 01276 707100

By Email: benefits@surreyheath.gov.uk

Opening hours are: Monday to Thursday 8.30 am to 4.30 pm

Friday 8.30 am to 4.00 pm



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01276 707100

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