

For office use only
Logged:
Office Stamp
Reference:

Change of Income

Part 1

Do you have a partner? Yes No

Mail to: FREEPOST HOUSING BENEFIT

Your details

Surname	
Title (Mr, Mrs, etc)	
Forenames	
National insurance no	
Date of birth	/ /

Your partner's details

Surname	
Title (Mr, Mrs, etc)	
Forenames	
National insurance no	
Date of birth	/ /

Address Include room or flat number		Postcode	
E-mail address			
Home number		Mobile number	

The change you are telling us about is:

		Yes	No	Complete Parts
1	My main benefit has changed or stopped because I have started work			3, 4, 5, 6
2	My main benefit has changed or stopped because I am claiming another benefit			3, 4, 5, 6
3	I have changed jobs or started another job			3, 4, 6
4	I have started self-employed work or my self-employed income has changed			2, 4, 6
5	My total capital has changed			5, 6
6	I have started to receive another income			4, 6
7	I have stopped getting another income or the amount has changed			4, 6
8	Some other change not described above			6

The date of the change is:

Part 2

Self-employed work

Are you self-employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your partner self-employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If we are already aware of this self-employment and you want to tell us about a change please tick Yes and give details in Part 6.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If this is new self-employed work please tick Yes and ask us for the Self-Employed Income Declaration form.		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Part 3**Earnings**

Are you in paid work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your partner in paid work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your benefit has stopped because you have started a new job or increased your hours, is this employment or increase expected to last for at least 5 weeks?			Yes <input type="checkbox"/> No <input type="checkbox"/>

These are the employment details for You / Your partner (delete as applicable)

Employer Name		Are you paid into a bank account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		Do your hours vary each week?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title		Do you pay into a pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payroll or ref number		Do you have more than one job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date job started		Do you pay childcare costs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many hours do you work each week?		What is the weekly cost of childcare?	
How often are you paid?		Name of child care provider	
Amount paid before deductions		Registration number of child care provider	

Please give further details in Part 6 if you have answered yes to any of the questions above.

Part 4**Other income and benefits**

Please tell us about all your income and benefits.

Are you in receipt of, entitled to or waiting to hear about any of the income / benefits listed below?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Bereavement benefits	Industrial Injuries / Death Benefit	Severe Disablement Allowance	
Carers Allowance	Jobseekers Allowance	State Retirement Pension	
Child Benefit	Maintenance Payments	Student income	
Charitable and voluntary payments	Maternity Allowance	Tax Credits	
Incapacity Benefit	Payments from boarders	Trust fund payments	
Employment & Support Allowance	Pension Credit	Universal Credit	
Fostering / Guardian's Allowance	Private or occupational pensions	War Pension	
Disability Living Allowance / Personal Independence Payment	Rent from other properties	Any other income or benefit not included above	

Please give us details of this income. If there is not enough room below, please continue in Part 6.

Name of income or benefit	How often it is received	How much?	Who receives this income / benefit?
		£	
		£	
		£	

Proofs required

Earnings	<ul style="list-style-type: none">• 2 months, 5 weeks or 3 fortnightly wage slips dependant on how you are paid (please provide any wage slips available at time of completing this form)• Contract of employment or letter from employer (if you don't have wage slips)• We can forward a certificate of earnings direct to your employer if you do not have sufficient wage slips.
Benefits & other income	<ul style="list-style-type: none">• The latest award letter / decision notification• Bank statement showing the payment going into your account
Bank savings & capital details	<ul style="list-style-type: none">• At least 2 previous months consecutive statements• Relevant certificates or bond documents• Share certificates or the last dividend

Declaration - Please read the statements carefully & sign below. We cannot deal with your claim if you haven't signed this declaration.

I understand the following:

- The information I have given on this form is correct and complete.
- If I give information that is incorrect or incomplete, you may take action against me; this could include prosecution.
- You will use the information I have provided to process my claim for Housing Benefit and or Council Tax Support.
- Exeter City Council is under a duty to protect the public funds it administers, and to this end, may use information I provide for the prevention and detection of crime. It may also share this information with other bodies responsible for auditing or administering public funds, who may in turn share the information with organisations including credit reference agencies, to check the accuracy of the information, prevent or detect crime and to protect public funds.

I know I must let Exeter City Council know about any change to my household or financial circumstances.

Your signature:	Date:
Your partner's signature:	Date:

If someone other than the person claiming has filled in this form, please explain below

Name of person who filled in the form:
Relationship to person claiming:
I was asked to complete this form because:
I confirm that I have read each question to the person claiming benefit and I have accurately recorded their answers.
Signature:

DO NOT DELAY IN RETURNING THIS FORM

Even if you are waiting for more information to complete your claim