



Exeter City Council

Change of Circumstances:
CHANGE OF ADDRESS

Telephone enquiry
01392 265440
Fraud Hotline
0800 328 63 40
Return this form to:
Housing Benefits
Office, Civic centre
Paris street
Exeter
EX1 1JW

For office use only	
Reference:	
Logged:	
Office Stamp	

Part 1

YOU

YOUR PARTNER

Surname	
Title (Mr,Mrs,Miss)	
Forenames	
National Insurance Number	
Date of birth	

Surname	
Title (Mr,Mrs,Miss)	
Forenames	
National Insurance Number	
Date of birth	

Address Include room or flat No.		
		Post code
E-mail Address		
Home phone number	Mobile phone number	

What date did you or do you plan to move into this address:

Do you wish to claim council tax benefit at your new address? **YES** **NO**

Are you a: (Please tick one box only)

Private Tenant	<input type="checkbox"/>	Housing Association tenant	<input type="checkbox"/>	Hostel resident	<input type="checkbox"/>	Boarder	<input type="checkbox"/>	Paying Ground /site rent	<input type="checkbox"/>	Owner Occupier	<input type="checkbox"/>
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Please give your previous address if you have lived in your home less than six months.

.....
.....

Date of occupancy	/ /	To	/ /
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Did you receive Housing benefit and Council Tax benefit for this address? **YES** **NO**

If yes which council did you claim benefit from?

Part 2**CHANGES IN YOUR HOUSEHOLD**

Are you a joint tenant/owner? YES NO If yes how many joint tenants/owners are there?

Has there been any change in the occupants of the household YES Please give details below * NO Please go to Part 3

* Please note: proof of their income will be required

Part 3**RENT DETAILS**

(Please also have your landlord complete the rent proof form enclosed or supply your original tenancy agreement)

Landlord/Agent name		Telephone number	
Landlord/Agent address		E-mail address	

Are you or your partner or any children related to your Landlord or their partner? Yes No

Does the landlord live in the same building? Yes No

When did your tenancy start	/ /	What type of tenancy do you have	
		Period of tenancy	/ / to / /

Do you have a tenancy agreement? Yes No Was your last tenancy with the same Landlord? Yes No

How much is your rent?	£	Every		E.g. weekly, monthly or 4 weekly
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Do you receive any rent free weeks: Yes No If yes how many do you get each year?

Was the property let to you as: (Please tick box that applies) Unfurnished Furnished

Does your rent include any of the following?								
	Yes	No	How much		Yes	No	How much	
Water charges			£	Personal Care & support			£	
Cooking			£	Cleaning your room and windows			£	
Heating			£	Council Tax			£	
Lighting			£	Personal Laundry			£	
Hot water			£	Lift			£	
Garage or parking space			£	Porter or estate staff			£	
Furniture			£	Emergency alarm system			£	
Cleaning & light shared areas			£	Other, please specify.....			£	

Does your home have a garden? Yes No Does your home have central heating? Yes No

Are meals included? Yes No If yes which meals Breakfast Lunch Evening meal

Type of accommodation

Which type of accommodation do you live in? (tick one applicable)

Detached house
Bungalow
Hostel
Flat over a shop

Flat in a block
 Semi-detached house
 Maisonette
 Hotel or guest house

Room/rooms in a house
 Flat in a house
 Terraced house
 Other, please state in part 6

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Which floor is your home on? Please specify:

How many floors are there in the building?

If you live in a single room, looking at the front of the building, whereabouts is your room?

At the front

At the back

In the centre

	Living Rooms	Bedrooms	Bedsits	Kitchens	Bathrooms	Separate toilets	Other rooms	Total
How many rooms are in the building?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many rooms do you and your family use?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many rooms do you share with other people?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We will pay your housing benefit in one of the following ways:

(Please indicate how you wish you benefit to be paid – tick appropriate box)

Direct to your Bank or Building Society

If you want us to pay your benefit direct to the bank or building society account, please fill in the details below .

Name of bank or building society:	<input type="text"/>								
Address of bank or building society:	<input type="text"/>								
<input type="text"/>									
<input type="text"/>									
Name of account holder:	<input type="text"/>								
Your account number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Your bank's sort code:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Direct to you by crossed cheque

Direct to your landlord (Please complete the attached landlord direct form)

Part 4

Sharing information with your Landlord.

If you have asked for your benefit to be paid direct to your Landlord we will tell them when a decision has been made and how much benefit you are entitled to and for what period benefit can be paid. However if benefit is paid to you, under the data protection act we need your permission to share information about your claim. If you give us this permission, we would only be able to tell your Landlord:

- If a decision has been made on your claim
- If we need more information to make a decision
- What rent allowance you are entitled to and for what period benefit can be paid.

We will not give your landlord any information about your personal circumstances or your financial circumstances. If you want to give us permission to discuss your claim with your Landlord please sign below

Signature: _____ Date: _____

Address: _____

Postcode: _____

Part 5

Declaration

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

I declare that the information I have given on the form is correct and complete and that this is the only change. I will inform you straight away if there are any changes in my circumstances. I understand that action may be taken against me if it is not. You can check any information on this form, this includes sending a certificate of earnings direct to my employer if necessary. I agree that this information can be shared between the Benefit Agency/Employment service and Exeter City council and I authorize them to verify the details as necessary.

Your signature: _____ Date: _____

Partners signature: _____ Date: _____

If a person other than the person claiming has filled in this form, please tell us why and who filled this form in

I confirm that I have read each question to the person claiming benefit and I have accurately recorded the answers	
Name of person who filled in form:.....	
Signature of the person:.....	Relationship to the person claiming;.....

Part 6

Please give us any extra information that you feel may help us when we work out your benefit.

Additional Information	_____

