



Change of address form

Please fill in this form to **claim housing benefit and/or council tax support at your new address** and send it to:

Benefit Services
PO Box 302
Witney
OX28 1WP

Date:
Claim reference number:

Are you:	an owner-occupier		a housing association tenant?		a Cottsway tenant?	
	a private tenant?		other? (Please give details)			

Please complete all the questions on this form regarding your change of address, if you have had any other changes in your circumstances you must also report them to us immediately in writing along with proof of the change. **Please tick this box if you have not had any other changes in your circumstances other than your address.**

If you need more space for any question please enclose a separate sheet with the missing information on it.

Address you have vacated

Please complete the questions below with details of the address you have vacated/are due to vacate; **you must complete the address box below** regardless of whether the address is on the top of this form.

Full name				
Address				
Post Code			Telephone number	

Actual date you vacated

Have you sold the property? No Yes Please provide verification of any proceeds received?

If you rented the property, what date did your tenancy end?

Were you in arrears with your rent when you moved? No Yes Yes, how much?

Address you have moved into

Please complete the questions below with details of the address you have moved/are due to move into. If you pay rent for your home you must supply your signed tenancy agreement, your rent book or a letter from your landlord or agent. Please note that you must send original documents as we cannot accept photocopies.

Address			Please tell us who lives in your household?		
	Post Code			Name	Date of Birth
Actual Date you moved in		<input type="text"/>			

Address you have moved into (continued)

Have you bought the property? No
 Yes

What date did your tenancy start?

What sort of tenancy do you have?

What period does your tenancy cover? from to

Do you pay ground rent for a mobile home you own? No
 Yes

Did you ask for a pre-tenancy determination? No
 Yes

Do you rent the property as: Furnished / Part furnished / Minimally furnished / Unfurnished

What is your landlord's name and business address?
By landlord we mean the person or organisation who owns the property.

If your landlord has an agent, tell us their full name and address.
By agent we mean the person or organisation you actually pay rent to.

Who would you like the Housing Benefit paid to? Myself
 My Landlord - Sign here

Are you, your partner, or any of your or your partner's children related to your landlord or agent or your landlord's partner or the agent's partner? No
 Yes, what is the relationship?

How much is the rent for your home? £ every week / fortnight / 4 weeks / calendar month

Has your rent been registered as a fair rent by the rent officer? No
 Yes, please send proof

Do you have any weeks when you do not have to pay rent? No
 Yes, how many each year?

Are you behind with your rent? No
 Yes, how many weeks?

What sort of building do you live in? (tick one box only.)

- | | | | |
|---|---|--|--------------------------|
| <input type="checkbox"/> Detached house | <input type="checkbox"/> Flat in a house | <input type="checkbox"/> Caravan, mobile home or houseboat | <input type="checkbox"/> |
| <input type="checkbox"/> Semi-detached house | <input type="checkbox"/> Flat in a block | <input type="checkbox"/> Board and lodgings | <input type="checkbox"/> |
| <input type="checkbox"/> Terraced house | <input type="checkbox"/> Flat over a shop | <input type="checkbox"/> Hotel | <input type="checkbox"/> |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Bedsit or room | <input type="checkbox"/> Residential nursing home | <input type="checkbox"/> |
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> Hostel | <input type="checkbox"/> Residential care home | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> | | |

Please turn over

Address you have moved into (continued)

How many rooms are there in the building?	In the whole building?	Just for you and your household?	That you share with other people?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms <i>i.e. Dining room</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Which floors do you live on?

Do you and your household occupy only part of the building you have ticked? No
 Yes, where in the building do you live?
 At the front In the middle At the back

Has your home been adapted for people with disabilities? No
 Yes

Does your rent include meals? No
 Yes, which meals are included?
 Breakfast Lunch Evening meal

Does your rent include money for the following? (Please note that you must provide proof for anything included in your rent)

Water rates <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £	Heating <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £
Lighting <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £	Hot Water <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £
Fuel for cooking <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £	Laundry by landlord <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £
Laundry equipment <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £	Cleaning of room <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £
Gardening <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £	Other: <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £
Garage <input type="checkbox"/> No <input type="checkbox"/> Yes, how much <input type="text"/> £	Do you have to rent the garage as part of your tenancy agreement? <input type="checkbox"/> No <input type="checkbox"/> Yes

Do you pay any service charges separate from your rent? No
i.e. cleaning or lighting communal areas, an alarm, a warden. Yes, we will write to you about this

Do you live in sheltered accommodation? No
 Yes, we will write to you about this

Are you living away from home at the moment? No
 Yes, we will write to you about this

Please turn over and sign the declaration on the next page

Declaration - Please read this carefully before you sign and date it

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they should sign in the space provided to confirm all the details you have given about them are correct. I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include legal action.
- You will use the information I have provided to process my claim for benefit. You may check some of the information with others, as allowed by law.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies, such as banks and organisations that may lend me money, if the law allows this.
- You must protect the public funds you handle, and so may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purpose, with other organisations responsible for monitoring or handling public funds.
- **I know** I must immediately tell the relevant local authority's Benefit Service in writing, about any changes in the circumstances of anyone else in my household which may affect my claim. Failure to do so could result in a financial penalty being imposed under the social security administration act 1992, as amended by the Social Security (Civil Penalties) Regulations 2012. **If I do not do this I may be prosecuted.**

I declare the information I have given on this form is correct and complete. I understand that if someone else filled in this form, it is my responsibility to check all the information given in this form.

Your signature..... Date.....

Partner's signature..... Date.....

Warning – You may be prosecuted if you give false or incorrect information or fail to tell our Benefits Service about any change of circumstances as soon as it happens, or you are aware that a change will be happening.

Examples of the type of changes I should report are: Change of address; increase or decrease of income; increase or decrease of savings (capital); if anyone on my claim stops getting Income Support, Employment and Support Allowance (Income Related) or Income-Based Jobseeker's Allowance; if anyone on my claim starts or stops work or changes jobs; if other people, who live with me have income changes; if either myself, or my partner's Tax Credits or other Social Security Benefits change (including notification of a new award); if anyone leaves or joins my household; if anyone starts to receive Carer's Allowance for looking after myself or my partner. This list is not exhaustive – if in doubt, please tell us anyway.

If this form has been filled in by someone other than the person claiming

Please give details why you have completed this form rather than the person who is making the claim.

Name of person who filled in the form

Telephone Number of person who filled in the form

Relationship to the person claiming

Do you have power of attorney/or are you the customer's appointee? Yes No

Declaration

I have confirmed with the person claiming that the answers I have written on this form are correct and that the declaration above has been read by or to them.

Signature..... Date.....

The Council are the Data Controllers for the purposes of the Data Protection Legislation. We will only use your personal information in accordance with the Legislation and for the purposes of the Revenues & Benefits. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.