

Housing Benefit and Council Tax Reduction Scheme Change of Circumstances Form

Coming off Income Support, Jobseeker's Allowance Income Based or Guarantee Credit

Your full name:
Your address:
Postcode:

For office use only	
Date we received your application:	
Date of issue:	
Reference:	

Official Sensitive (when complete)

Are you:

a council tenant? a housing association tenant? living in a hostel?

a private tenant? a boarder? an owner occupier?

Your information

This form must be completed when your income Support or Job Seeker's Allowance (IB) or Guarantee Pension Credit has stopped. We need to check you are still entitled to Housing Benefit/Council Tax Reduction.

If we have not sent this form to you please give the date that your Income Support, Guarantee Credit or Jobseeker's Allowance ended

Your National Insurance number

You may not need to fill in all parts of this form, but you must fill in any part that is relevant to you.

Completing this form

Proof

We need to see proof of some of the things you tell us about. We need to see original documents and may need to borrow them to make copies.

Filling in the form

Use black ink to fill in this form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it, do not use correction fluid or tape.

Answer 'Yes' or 'No' questions by putting a tick in the relevant box. If you are choosing an answer from a list of answers, put a tick in the relevant box. Do not put a cross in any boxes.

Please return your completed form to:
Mansfield District Council
Revenues and Benefits Section
Civic Centre, Chesterfield Road South
Mansfield, Nottinghamshire
NG19 7BH



Part 1 About you and your partner

Do you have a partner who normally lives with you?

(If you have a partner, you must answer all questions about them)

No Yes

	You	Your partner
Last name	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms etc.)	<input type="text"/>	<input type="text"/>
Address (with postcode)	<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"/>
National Insurance number You can find this on payslips or letters from DWP/Job Centre Plus or the tax office.	<input type="text"/> Letter	<input type="text"/> Letter
	<input type="text"/> Number	<input type="text"/> Number
	<input type="text"/> Letter	<input type="text"/> Letter
Your daytime phone number You do not have to tell us this, but it may help us to deal with your claim more quickly.	<input type="text"/>	<input type="text"/>
Tell us your e-mail address if you have one. You do not have to tell us this, but it may help us to deal with your claim more quickly.	<input type="text"/>	<input type="text"/>
Are you or your partner in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', when did you or your partner go in?	<input type="text"/>	<input type="text"/>
When do you expect to come out?	<input type="text"/>	<input type="text"/>
Does anyone get Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please tick if you or your partner are:	a student <input type="checkbox"/>	a student <input type="checkbox"/>
	registered blind <input type="checkbox"/>	registered blind <input type="checkbox"/>
	long term sick or disabled and incapable of work <input type="checkbox"/>	long term sick or disabled and incapable of work <input type="checkbox"/>
	in legal custody <input type="checkbox"/>	in legal custody <input type="checkbox"/>
	on remand <input type="checkbox"/>	on remand <input type="checkbox"/>
	sentenced to prison <input type="checkbox"/>	sentenced to prison <input type="checkbox"/>

i We may ask you for more information.

Part 2 About children who live with you

You need to tell us about dependent children you get Child Benefit for if they normally live with you and they are:

- Under 16 or
- Aged 16 to 20 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).
- If you have more than four children living with you, use a separate sheet of paper

	First child	Second child
Last name	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Is your child male or female?	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>
Is the child registered blind or receiving Disability Living Allowance/ Personal Independence Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>
Do you pay any childminding costs for this child? For example, to a childminder, nursery or after-school club. If 'Yes', we will need to see evidence of how much childcare you pay.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you pay each week?  We need to see proof of this.	£ <input type="text"/>	£ <input type="text"/>

	Third child	Fourth child
Last name	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Is your child male or female?	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>
Is the child registered blind or receiving Disability Living Allowance/ Personal Independence Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>
Do you pay any childminding costs for this child? For example, to a childminder, nursery or after-school club. If 'Yes', we will need to see evidence of how much childcare you pay.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you pay each week?  We need to see proof of this.	£ <input type="text"/>	£ <input type="text"/>

Part 3 About other people who live with you

Do any adults normally live with you?

No If 'No', go to **part 4**

Yes If 'Yes', tell us about all the adults, except your partner, who normally live with you. If there are more than four people, use a separate piece of paper.

By adults we mean people over 16 who nobody gets Child Benefit for.

Now tell us about the people who normally live with you.

	First person		Second person
Last name	<input type="text"/>		<input type="text"/>
First names	<input type="text"/>		<input type="text"/>
Date of birth	<input type="text"/>		<input type="text"/>
Their relationship to you (for example, aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner).	<input type="text"/>		<input type="text"/>
Do they get Income Support or income-based Jobseeker's Allowance, Employment Support Allowance (income related) or Pension Credit (the guaranteed part)?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they pay rent to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they normally work for 16 hours or more a week? If 'Yes', tell us their earnings before deductions for things like tax and National Insurance and provide either five weekly, three fortnightly or two monthly payslips.	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input type="text"/>		£ <input type="text"/>

i We may need to see proof of their income.

	Third person		Fourth person
Last name	<input type="text"/>		<input type="text"/>
First names	<input type="text"/>		<input type="text"/>
Date of birth	<input type="text"/>		<input type="text"/>
Their relationship to you (for example, aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner).	<input type="text"/>		<input type="text"/>
Do they get Income Support or income-based Jobseeker's Allowance, Employment Support Allowance (income related) or Pension Credit (the guaranteed part)?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they pay rent to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they normally work for 16 hours or more a week? If 'Yes', tell us their earnings before deductions for things like tax and National Insurance and provide either five weekly, three fortnightly or two monthly payslips.	No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input type="text"/>		£ <input type="text"/>

i We may need to see proof of their income.

Part 4 About being self employed

Are you or your partner self-employed?

No If 'No', go to **part 5**.
 Yes If 'Yes', answer all the questions in this part.

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other proof of your income. We will write to you about this.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is the name of the business?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
When did the business start?	<input type="text"/>	<input type="text"/>
What is the business address?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>

Part 5 About working for an employer

Do you or your partner work for any employer?

No If 'No', go to **part 6**.
 Yes If 'Yes', answer all the questions in this part.

i This includes any earnings from being the director of a company. If you work for more than one employer, tell us about all the employers on another piece of paper and send it with this form. If you are sending a separate sheet of paper, tick this box.

	You	Your partner
What is your employer's name and address? (Include the postcode)	<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 often do you get paid? (For example, every week, every fortnight, every four weeks, every month)	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How many hours a week do you work?	<input type="text"/>	<input type="text"/>

i We must see proof of any earnings before we can decide how much benefit you can get.

This means your last five payslips if you are paid weekly, your last three payslips if you are paid every two weeks, or the last two payslips if you are paid monthly.

Part 5 About working for an employer (continued)

	You	Your partner
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much? £	<input type="text"/>	How much? £ <input type="text"/>
How often?	<input type="text" value="Every"/>	How often? <input type="text" value="Every"/>
What kind of work do you do?	<input type="text"/>	<input type="text"/>
How do you get paid? (Cheque, cash, credit to bank account)	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text"/>	<input type="text"/>

Part 6 About any other work

Do you or your partner do any other work at all? This could be voluntary work or any other work, even if it is not paid work.

No If 'No', go to **part 7**.
 Yes If 'Yes', answer all the questions in this part.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do the work for?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
When did you start this work?	<input type="text"/>	<input type="text"/>
Do you get paid? If you only get expenses or tips, still answer 'Yes' and give details	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much? £	<input type="text"/>	How much? £ <input type="text"/>
How often?	<input type="text" value="Every"/>	How often? <input type="text" value="Every"/>

Part 7 About benefits, pensions and income

Are you or your partner getting any benefits or pensions, or waiting to hear about benefits or pensions you have claimed?

No If 'No', go to **part 8**.
 Yes If 'Yes', answer all the questions in this part.

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

- | | | |
|--|---|--------------------------------|
| ▪ Contribution-based
Jobseeker's allowance | ▪ Child Benefit | ▪ Severe Disablement Allowance |
| ▪ State pensions | ▪ Child Tax Credits | ▪ Fostering Allowance |
| ▪ Pension credits | ▪ Disability Living Allowance/Personal Independence Payment | ▪ Guardians Allowance |
| ▪ War pensions | ▪ Attendance Allowance | ▪ Adoption Allowance |
| ▪ Works pensions | ▪ Industrial Injuries Disablement Benefit | ▪ Working Tax Credits |
| ▪ Occupational pensions | ▪ Carer's Allowance | ▪ New Deal |
| ▪ Incapacity Benefit/ Employment Support Allowance | ▪ Mobility Allowance or supplement | ▪ Maternity Allowance |
| | | ▪ Reduced Earnings Allowance |
| | | ▪ Bereavement Allowance |

Part 7 About benefits, pensions and income (continued)

Tell us what type of benefit, pension or credit you or your partner get, how much you get and how often it is paid. Please also tell us the reference number if appropriate.

Please give details of all benefits, pensions and credits you or your partner receive.

	You	Your partner
Type	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text"/>	<input type="text"/>
Reference number	<input type="text"/>	<input type="text"/>
Type	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text"/>	<input type="text"/>
Reference number	<input type="text"/>	<input type="text"/>
Type	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text"/>	<input type="text"/>
Reference number	<input type="text"/>	<input type="text"/>
Type	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text"/>	<input type="text"/>
Reference number	<input type="text"/>	<input type="text"/>
Type	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text"/>	<input type="text"/>
Reference number	<input type="text"/>	<input type="text"/>

If your benefits, pensions or credits have changed, please tell us what has changed and the date of the change.

Part 8 About other money coming in

Do you or your partner, or any children you are claiming for, have any money coming in that you have not already told us about on this form? You must tell us about all your income.

This includes any maintenance or child support for you, your partner or any of the children you have told us about on this form, and any cash payments or money from the fatal accident fund. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants. Tell us about 'cash instead of coal' in this section. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the Macfarlane Trust.

No If 'No', go to **part 9**.

Yes Answer all the questions in this part.

Other money 1

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

Other money 2

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

Other money 3

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

Does anyone owe money to you, your partner, or any children you are claiming for?

No

Yes

What for?

How much?

£

Part 9 About being a student

In this part tell us if you or your partner are a student. By 'student' we mean someone who is in higher or further education.

Are you or your partner a student?

No If 'No', go to **part 10**.

Yes Tell us about you or your partners's course and income below.

You

Your Partner

Tell us the name of the course and the name and address of the college or university.

Part 9 About being a student (continued)

	You	Your partner
Is the course full time or part time?	<input type="text"/>	<input type="text"/>
	Start End	Start End
What date does the academic year start and end?	£ <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/>
	How much? How often?	How much? How often?
If you get a grant, how much is it and how often is it paid?	£ <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/>
	How much? How often?	How much? How often?
If you get a student loan, how much is it and how often is it paid?	£ <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/>
	How much? How often?	How much? How often?
If you get any money from your parents or a deed or covenant how much is it and how often is it paid?	£ <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/>
	How much? How often?	How much? How often?

i We must see proof of any grant, covenant or other income you or your parent get for being a student. We must also see proof of any student loan that you or your parent get.

Part 10 About savings and investments

You need to tell us about all savings, investments, shares, property or land you or your partner own. This includes:

- Bank current accounts
- Bank deposit accounts
- Post office accounts
- Building society accounts
- Premium Bonds
- Stock and shares
- TESSAs
- ISAs
- PEPs
- Fixed-term investments
- Money you have borrowed

This is not a full list. You or your partner may have other types of savings and investments. Remember, you must tell us about all savings, investments, shares, property or land you or your partner own. Even if an account is overdrawn, you need to tell us about it.

Do you or your partner have any savings, investments, shares, property or land here or abroad?

No If 'No', go to **part 12**.
 Yes If 'Yes', please give details below

	You	Your partner
Type	<input type="text"/>	<input type="text"/>
Details of account or address of land or property	<input type="text"/>	<input type="text"/>
Value	£ <input type="text"/>	£ <input type="text"/>
Type	<input type="text"/>	<input type="text"/>
Details of account or address of land or property	<input type="text"/>	<input type="text"/>
Value	£ <input type="text"/>	£ <input type="text"/>

Part 12 Declaration

I understand that providing false information or failing to promptly notify the Revenues and Benefits Service of a change in circumstances may result in prosecution

Any original documents will be returned by second class mail unless alternative arrangements are made, 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 must sign this declaration as well.

General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.

Under the GDPR and DPA, Mansfield District Council, Chesterfield Road South, Mansfield, Notts. NG19 7BH is a Data Controller for the information it holds about you. The Council will hold all personal data provided by you for your Housing Benefit and Council Tax Reduction application. The lawful basis under which the Council uses personal data for this purpose is Public Task.

The information provided by you includes the following special categories of personal data:

- physical or mental health

Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.

Your data will be held for 6 years after the end of your claim for Housing Benefit and Council Tax Reduction. Subject to some legal exceptions, you have the right to request a copy of the personal information the Council holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability). The information provided by you may also be used for other functions carried out by the Council in accordance with GDPR and DPA. For more information about how the Council may use your data and to learn more about your rights please see the Council's Privacy Statement www.mansfield.gov.uk/privacy

If you have any concerns or questions about how your personal data is processed, please contact the Council's Data Protection Officer at the above address or by email to dpo@mansfield.gov.uk. If you are dissatisfied with the Council's response you can complain to the Information Commissioner's Office in writing to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or by telephone 0303 123 1113 (local rate) or 01625 545 745.

Signature of person claiming

Print name

Date

Partners signature

Print name

Date

If this form has been filled in by someone other than the person claiming the Housing Benefit or Council Tax Reduction, even if only part of the form, the person should complete the section below.

Please tell us why you are filling in this form for the claimant

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

Changes you must tell us about

We will assess your claim using the information you have given to us. You must tell us straight away if there are any changes to your circumstances. Here are some examples of changes you must tell us about.

- A child leaves school or leaves home.
- You have a baby.
- Your child starts to be cared for or stops being cared for by a registered childminder, nursery or playgroup.
- Someone moves into or out of your home (including boarders and subtenants).
- You stop receiving Income Support or Jobseeker's Allowance or Employment Support Allowance.
- Your income or the income of anyone living with you goes up or down.
- You or anyone living with you becomes a student or takes up a government training scheme.
- You or anyone living with you gets a job, changes their job or becomes unemployed.
- You or anyone living with you takes a second job.
- Your Working Tax Credit or Child Tax Credit changes.
- You return to work after a period of illness where you have been receiving benefit.
- Your rent changes.
- You move (even if you only move to a different room or flat within the same property).
- Someone starts to receive carer's Allowance for looking after you.
- Any details you have told us on this claim form change.

You must tell us about these changes in writing – a phone call is not enough. Do not rely on anyone else to give us the information, or to pass on a message to us, not even the Jobcentre, Pensions Services or H.M. Revenues and Customs. If you don't tell us about changes, you may lose money you are entitled to, or we may pay too much benefit which we can ask you to repay.

It is an offence to fail to let us know about any changes in your circumstances.

Other Languages

If English is not your first language, we can arrange for an interpreter.

Polish

W razie potrzeby możemy dostarczyć tę broszurę alfabetem Braille'a lub w powiększonym formacie. Jeżeli potrzebuje Pan(i) wyjaśnienia tego tekstu lub pomocy w przeczytaniu go, prosimy o skontaktowanie się z nami pod numerem 01623 463463.

Turkish

Bu broşür, talep edildiğinde, körler alfabesi (Braille) ya da büyük baskı formatında elde edilebilir. Bu formun çevrilmesini ya da okunmasında yardım isterseniz, lütfen 01623 463463 numaralı telefondan bizimle temasa geçmekten kaçınmayınız.

Cantonese (Chinese Traditional)

如果需要，我們可以提供這份傳單的盲文版本或大字印刷體版本。如果你要求翻譯或者需要幫助來閱讀這份表格，請別猶豫，致電 01623 463463 與我們聯絡。

Latvian

Šī buklete ir pieejamā Braiļā vai palielinātājā drukā, ja tas ir nepieciešams. Ja jums nepieciešams šī bukleta tulkojums vai palīdzība tā lasīšanā, lūdzu, sazinieties ar mums pa tālruni – 01623 463463.

Russian

Этот буклет может быть напечатан шрифтом Брайля или более крупным шрифтом. Если вам необходима помощь с переводом или чтением этого буклета звоните по тел. 01623 463463.

Urdu

یہ لیف لیٹ، بوقتِ ضرورت، بریل یا بڑے پرنٹ میں بھی مہیا کیا جا سکتا ہے۔ اگر آپ کو اس فارم کا ترجمہ چاہئے ہو یا آپ کو اس کے پڑھنے میں مدد چاہئے ہو تو برائے مہربانی ہم سے اس نمبر پر 01623 463463 رابطہ کرنے میں بالکل نہ ہچکچائے گا۔

Bengali

প্রয়োজন অনুযায়ী এই লীফলট ব্রইল অথবা বড় অক্ষরের আকারে দওয়া যাবে। এই ফর্মের অনুবাদ প্রয়োজন হলে অথবা এটা পড়তে সাহায্যের দরকার হলে 01623 463463 নাম্বার আমাদের সাথে যোগাযোগ করতে দ্বিধা করবেন না।