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Contact Number: 01395 571770

Email: <u>benefits@eastdevon.gov.uk</u>

Our Reference: 500



Change	of	Circumstances:	CHANGE	<u>OF</u>	ADDRESS
_			<u>- </u>		

Section 1: About you						
	You	Your Par	tner			
Last Name (Surname)						
Title (Mr, Mrs, Miss, Ms)						
Other names						
National Insurance No						
Date of Birth						
		<u>'</u>				
New address/Address						
moving to						
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 in	nto this address:				
At your new address, are	` `					
Tenant As	ousing ssociation enant	Council Tenant	Hostel Resident			
Boarder Pa Gre	aying round/Site ent	Owner Occupier				
Please give your previous address or if you have not yet moved the address you are moving from.						
Date of Occupancy	/ /	То				
Did you receive Housing address from this Counc claim form. Please comp or contact us)	cil? (If not, you will n	eed to complete a nev	W VES NO			

Chief Executive: Mark Williams; Deputy Chief Executive: Richard Cohen

Section 2: Other people who live in your home Are you a joint tenant? YES NO If yes, how many joint tenants are there? Please provide full names of all joint tenants (Complete all of this **Section 2**) Apart from joint tenants, is there any change from your YES previous address in the people living in your household, for example, dependent children, boarders, lodgers, NO (Go to Section 3) non-dependants? Please give details of the change/s in your household If person/s have moved in with you please give their full name, date of birth, relationship to you (for example son, daughter, boarder, lodger). If the person is a son or daughter we will need proof of their income and savings if they are no longer in full time education. If the person/s is a boarder or lodge please state how much rent you are charging them and whether the charge includes an element for heating. Please give the full name(s) of any person(s) who lived with you at your previous address but do not now live with you. **Section 3: Rent Details** Please provide your tenancy agreement. (We need to see the original document). If you do not have one, please download a proof of rent form www.eastdevon.gov.uk or contact us for one to be sent. Proof of rent forms must be completed by your landlord/landlords agent. Landlord/Agent Name Telephone Number Landlord/Agent Address E-Mail Address Are you or your partner or any children related to your landlord or YES their partner? NO

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YES

NO

Does the landlord live in the same building?

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Please answer YES or NO to the following questions:

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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 & windows			£
Heating			£	Laundry facilities			£
Hot water			£	Lift			£
Garage or parking space			£	Porter or estate staff			£
Furniture			£	Emergency alarm system			£
Cleaning & light shared areas			£	Council Tax			£

Please give details of the number of rooms in the property you rent and who uses them. If you have "other rooms" please give details in Section 5.

	Number of rooms in the property you rent	Number of rooms used by you and your family	Number of rooms you share with other people, including your landlord and other tenants
Bedrooms			
Bedsitting rooms			
Living/dining rooms			
Kitchens			
Bathrooms			
Separate Toilets			
Other rooms			
Total			

How many people live in the whole	
building?	

Chief Executive: Mark Williams; Deputy Chief Executive: Richard Cohen

Types of Accommodation

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

Detached house	Flat	t in a block	(Room/s in a house							
Bungalow	Ser	mi-detache	ed hou	ise		Flat in a house						
Hostel	Mai	isonette				Terraced house						
Flat over a shop	Hot	tel or gues	t hous	se			Other, please state Section 5					
How many floors are there in the whole building?												
Mhigh floor is your bo	ama and Di		: .									
Which floor is your ho	ime on? Pi	iease spec	ily:									
If you live in a single r building, where is you	•	ng at the fi	ont o	the	At	the fr	ont	A	at the ba	ack		
, J					_ In t	he c	entre	Э				
Paying your Housing	g Benefit											
We will normally pay your Housing Benefit to you. We may in limited circumstances be able to pay your Housing Benefit to your landlord. Before we can do this we will need to decide if you are having, or are likely to have problems paying your rent and managing your money. If this is the case and you would like us to pay Housing Benefit to your landlord, please give your reasons in the Additional Information section (Section 5). We will also need to send you a form for your landlord to complete.								e				
Please indicate how y	ou wish yo	ur benefit	to be	paid:	:							
Direct to bank account					Direct to your landlord							
Please provide your bank account details. You need to give us these details even if you have asked us to pay your Housing Benefit to your landlord.												
Name of Bank/Building society:												
Address of Bank/Building society:												
Account holder:												
Account Number:								Sortcode:				

Section 4: Sharing information with your Landlord

Under the data protection act we would only be able to tell your Landlord whether or not you have claimed for housing benefit and if we have made a decision on your claim. We would also be able to tell him/her if we need any further information to make a decision on your claim, and if so what the information is.

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:

Your Signature:	Date:				
Section 5: Additional Information					

Section 6: Declaration (Please read carefully)

Please read the statements carefully and 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 I do not. You can check any information on this form. I agree that this information can be shared between Jobcentre Plus and East Devon District Council and I authorise them to verify the details as necessary.

Your Signature:	Date:
Your Partner's Signature:	Date:
If a person other than the person clain who has filled in this form	ning has filled in this form, please tell us why and
•	on to the person claiming Housing Benefit and/or ately recorded the answers on this form
Name of person who has filled in the f	orm:
Signature:	
Relationship to the person claiming: _	
Reason for completing form:	
Please return this form together with a	any necessary supporting evidence to:

Revenues and Benefits Section, East Devon District Council, Knowle, Sidmouth EX10 8HL.