



Change of Circumstances

To be completed by the Local Authority

First Names National Insurance Number

Surname Reference Number

Address

Telephone Number

If any of the above details are wrong please complete the section below with the correct information

First Names National Insurance Number

Surname Reference Number

Address

Telephone Number

Please complete all sections below in CAPITALS, even if the information previously given is the same

Do you? Own your home or pay a mortgage

Please Pay rent to a housing association

tick box Pay rent to a private landlord (State amount and frequency)

Other (Please give details)

If rent has changed, please give date and details of change on page 3 of this form.

Your household

Please list the names of everyone who lives with you. If none write "none".

Please continue on page 3 if you need to.

Name	Relationship to you	Date of Birth	National Insurance Number

If anyone has moved in or out of your household or there has been a change in their income please give date and details of change on page 3 of this form.

You and Your Partner

Benefits, State Pensions and Allowances

Please give details of all amounts received and how often, (eg. weekly, four weekly, monthly etc) and please supply proof of all income. If none write "none". Please continue on page 3 if you need to.

Type	Gross Amount	How Often/Date Started

If your benefit(s) have changed please give date and details of change on page 3.

Earnings

Please give details of all employment and earnings received (please provide proof)
Please continue on page 3 if you need to.

Name and address of employer	Amount	How often (eg. weekly, four weekly, monthly etc)

If you have recently started work or your earnings have changed please give the exact dates on page 3. If you have started self employment please tick the box and contact us immediately on 01902 696668/9 for further advice.

Other Income

Please give details of all other income received and how often. Income could include maintenance, private pensions, student grants, child support or loans etc. (please provide proof)
Please continue on page 3 if you need to.

Type	Gross Amount	How Often	Reference Numbers

If your income has changed please give date and details of change on page 3.

Savings/Capital

Please give details of all current accounts, savings, investments, shares, property, land etc
Include all accounts (even if overdrawn or closed). (please provide proof)
Please continue on page 3 if you need to.

Type of account	Details of Savings/Capital	Amount

If your savings have changed or accounts closed please give date and details of change on page 3.

Other people in the household

Income for other people who live with you

Now tell us about all income/benefits/allowances for the people who live with you or your partner and please supply proof of all their income and capital.

Name	Type of their Income	Amount	How Often

Please give further details of any changes you have told us about on this form.

You should include details of the date of change and amount. Please send original documents only.

Your Declaration

Please read carefully before you sign and date it.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the council, rent offices, and other councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if law allows this.

I know I must let the council know about any changes in my circumstances, which might affect my claim.

I declare the information I have given on this form is correct and complete.

Signature of person claiming:

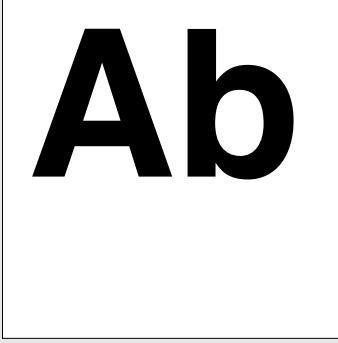
Date:

Please return this form to:

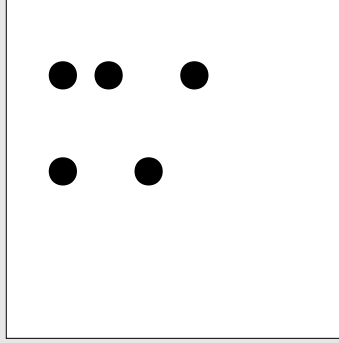
**South Staffordshire Council, Benefits Services Unit, Council Offices,
Wolverhampton Road, Codsall. South Staffordshire. WV8 1PX**

We can offer this service in other formats.

For details please contact us, as below:



Large Prints



Braille



**Home Visits
(disabled, vulnerable
and housebound)**

We can offer this service in other languages:

যদি আপনি এই দলিলের আপনার ভাষায় প্রতিলিপি চান অনুগ্রহ করে যোগাযোগ করুন
ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਇੱਕ ਨਕਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ
अगर आप इस दस्तावेज की प्रति अपनी भाषा में चाहते हैं तो कृपया सम्पर्क करें
اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے ہیں تو براہ کرم رابطہ کریں
假如閣下希望索取中文版的本文件，請聯絡
જો તમને આ દસ્તાવેજની નકલ તમારી ભાષામાં જોઈતી હોય તો કૃપા કરીને સંપર્ક કરો



South Staffordshire Council

Opening Hours

8:45 am to 5:00 pm Monday, Wednesday, Thursday, Friday

8:45 am to 8:00pm Tuesday

9:30 am to 1:00pm Saturday

email: benefits@sstaffs.gov.uk

Phone: 01902 696668 or 01902 696669

Fax: 01902 696227 DX 18036

**South Staffordshire Council
Council Offices
Wolverhampton Road
Codsall
South Staffordshire
WV8 1PX
Tel: 01902 696000
Fax: 01902 696800**

www.sstaffs.gov.uk