Housing Benefit or Local Housing Allowance and Council Tax Reduction - Change of Circumstance form

1 Type of benefit/reduction - please tick the relevant box or boxes for the benefit you want to apply for.

- [ ] Housing Benefit/Local Housing Allowance
- [ ] Council Tax Reduction

Important note
Please read the notes in the red boxes before you fill in each section of the application form.

You must read the notes on every page. They will tell you what evidence we need to process your application. Please fill in the form with black ink and do not use correction fluid. Answer every question by putting a tick in the ‘No’ or ‘Yes’ box. **If you do not answer every question or sign the form, we will return the form to you.** Fill in the form and send it back straight away. If you wait you could lose money. If we ask for proof, you must send original documents, not photocopies. Send all the proof you can with the form. If you cannot send the proof straight away, send us the form anyway, but please send the proof within one month. If you are not sure about any questions on this form, phone the customer services section on 01443 425002 and they will help you.

Name: __________________________________________
Address:_________________________________________
___________________________________________________
___________________________________________________
Postcode: ___________________

We may need to contact you. It will help us to process your claim quicker if you give us your daytime or mobile-phone number here.

Phone: __________ Email address: __________

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2 Please tick the relevant box to tell us about the home you live in.

- [ ] I live in a registered residential care or nursing home.
- [ ] I am renting from a private landlord.
- [ ] I am renting from a housing association.
- [ ] I am renting from RCT Homes.
- [ ] I own my home.

I have to pay rent or a mortgage at another address. [ ]
If so, please give the address below.

________________________________________
________________________________________
________________________________________

For our use only
Date we received this form (stamp)

Date of first contact:
Claim number:

Steve Merritt CPFA Group Director | Cyfarwyddwr
Corporate Services, Bronwydd House, Porth CF39 9DL
Cyfradyn y Gwasanaethau Corfforaethol, Bronwydd, Porth CF39 9DL
Phone/Ffôn: 01443 425002  Fax/Ffacs: 01443 680661
Textphone for deaf people/Ffôn Testun am y Byddar: 01443 425015
E-mail/E-bost: HousingBenefitEnquiries@rctbc.gov.uk

Rhondda Cynon Taf County Borough Council
3 Please tell us why you are filling in this form

For example, because your income has changed, the amount of savings you have has changed, the number of people living with you has changed, or your rent or landlord has changed. If your rent or landlord has changed, please tell us the exact date that your rent or landlord changed and the new amount of rent you have to pay.

___________________________________________________________________________________
___________________________________________________________________________________

4 You and your partner

By partner, we mean someone who:
• you are married to;
• is your civil partner;
or
• lives with you as if you were married or in a civil partnership.

A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.

Do you have a partner living with you? 

No [ ]

Yes [ ]

If ‘Yes’, fill in this section for you and your partner. If ‘No’, fill in this section for yourself only.

<table>
<thead>
<tr>
<th>Title (Mr, Mrs, Miss, Ms)</th>
<th>Surname</th>
<th>First names</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you been known by any other name? 

No [ ]

Yes [ ]

If ‘Yes’, please give the other name or names.

Date of birth

/ / /

/ / /

National Insurance number

(You must provide this so we can process your claim.)

Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?

No [ ]

Yes [ ]

Your partner

<table>
<thead>
<tr>
<th>Title (Mr, Mrs, Miss, Ms)</th>
<th>Surname</th>
<th>First names</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Have you been known by any other name? 

No [ ]

Yes [ ]

If ‘Yes’, please give the other name or names.

Date of birth

/ / /

/ / /

National Insurance number

Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?

No [ ]

Yes [ ]

5 Please tell us about other people who live in your home

Please list the names of everybody who normally lives with you and your partner. If nobody lives with you and your partner, please write ‘none’. Please include dependent children, grown-up children and any family or other people who live with you. Please also tell us what income they receive and how much they receive each week.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you (for example ‘son’, ‘sister’)</th>
<th>Date of birth</th>
<th>Type of Income (for example ‘pension’ or ‘pay’)</th>
<th>Amount they get each week</th>
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</thead>
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</table>

Are you or anyone else who lives at the property related to the landlord?

No [ ]

Yes [ ]

If yes please give their name and relationship to the landlord.

___________________________________________________________________________________
___________________________________________________________________________________

Rhondda Cynon Taf County Borough Council
If anyone has moved into or out of your home since you last filled in an application form, please tell us their names, the date of change and their previous or forwarding address.

Please supply original (not photocopied) documentary evidence.

### 6 Please tell us about any savings and investments you have

Please give details of all savings and investments for you and your partner. This includes money held in bank (including current accounts and building-society accounts, Premium Bonds, stocks and shares and property apart from the home you are currently living in). Please list all accounts irrespective of the value/amount, even if there is no money in them or if they are overdrawn.

<table>
<thead>
<tr>
<th>Type of savings or investment (for example, a bank account, shares or property.)</th>
<th>Details</th>
<th>Amount the savings or investment is worth.</th>
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If your savings or investments have gone up or down since you last filled in an application form, please tell us what has changed and when it happened.

Please supply original (not photocopied) documentary evidence.

### 7 Please tell us about any income you and your partner receive

Please give details of all income you and your partner receive (for example, pension, Child Benefit, Income Support, Employment and Support Allowance, Universal Credit, earnings, tax credits, maintenance and so on) and how often you receive it (for example, every week, every four weeks, every month and so on.) If you or your partner don’t receive any income, please write “none”.

<table>
<thead>
<tr>
<th>Type of income</th>
<th>What date did it start?</th>
<th>Amount £</th>
<th>How often do you receive it?</th>
<th>Reference Number</th>
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<tbody>
<tr>
<td>You</td>
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Please supply original (not photocopied) documentary evidence.

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Rhondda Cynon Taf County Borough Council
8 Please read this declaration carefully. You must sign it if you can, even if someone else has answered the questions for you.

If you have a partner, your partner should sign the declaration as well.

This is my claim for Housing Benefit/Local Housing Allowance and Council Tax Reduction. I confirm the following.

• If I have not been able to answer a question because I am waiting for information, I have noted this on the form and will send the details to you when I receive them.
• I give you permission to make any necessary enquiries to check the information on this form.
• I give you permission to check the information I have given with other sections within the Council, the Rent Service, other councils and benefit authorities.
• I understand that if I give information that is incorrect or incomplete, or fail to report any changes which might affect my benefit/reduction, I may be prosecuted.
• I understand that if the details given on this form change and too much benefit/reduction is paid, I will have to repay it.
• I have read and understood this declaration.
• If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
• You will use the information I have provided to process my claim for Housing Benefit/Local Housing Allowance or Council Tax Reduction, or both. You may check some of the information with other sources, as allowed by the law.

Signature of the person claiming: ................................................................. Date: ....................................................

Partner’s signature: .............................................................................. Date: ....................................................

If you have filled in this form for somebody else, please fill in below.

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

Your name: ................................................................. Relationship to the person claiming: .................................................................

Your address: .........................................................................................................................

.........................................................................................................................

.........................................................................................................................

Please fill in this form and send it to one of the Council’s offices.

You can get a list of offices that can accept application forms at www.rhondda-cynon-taff.gov.uk or by phoning 01443 425002.

Your benefit may stop if you do not return this form.