

Change of Address

for existing Housing Benefit and/or Council Tax Support claims

Please complete this form if you are moving or have moved address.

The information on this form should all be about your new address. Please be aware that Housing Benefit cannot normally be awarded for a period before you have moved in.

■ Please complete this form in full and in BLACK ink and place a tick a in the relevant boxes.

If you are completing this form in advance of your moving date you will need to ring us on 01507 329199 to confirm your actual moving date.

Title:	FOR OFFICIAL USE ONLY
Last name:	Date issued:Initials:
First names:	Claim number:
New address:	
	Date of birth:
	National Insurance Number:
Postcode:	
Address of property you have moved from:	Telephone number:
	Email address:
If you have sold your previous property or bought a new perfection of the proceeds of sale documentation and/or completion states.	
Date you moved / will move out of previous property:	
Date tenancy ends at previous property (if applicable):	
Date notice given on old tenancy (if applicable):	
What is the period of notice required by your landlord at your previous address?	
Up to what date will you be charged rent? Please provide documentary evidence of this.	

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Please give the reason why	you have moved?			
If there is a gap between yo	our move out and move	e in date, pleas	se provide an explanatio	on for this:
What data was seen offered	4			
What date were you offere				
What date did you accept y	our new tenancy?			
What date did your new te	nancy start?			
Date you moved / will mov	ve into new address:			
When did you complete th	•			
of the property (if applicab	le)?			
PART 1 - Who else liv	es with you?			
Please list all of the people	who will be living with	ı you at your n	ew address. Please use	an additional
Please list all of the people sheet or continue at Part 6	who will be living with if necessary.			
Please list all of the people	who will be living with if necessary. Relationship to you	Date of birth	National Insurance	Date moving
Please list all of the people sheet or continue at Part 6	who will be living with if necessary.	Date of birth		
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Please list all of the people sheet or continue at Part 6	who will be living with if necessary. Relationship to you	Date of birth	National Insurance	Date moving
Please list all of the people sheet or continue at Part 6 Full name Does anyone else regularly	who will be living with if necessary. Relationship to you (for example, partner)	Date of birth	National Insurance	Date moving
Please list all of the people sheet or continue at Part 6 Full name	who will be living with if necessary. Relationship to you (for example, partner)	Date of birth	National Insurance Number (if applicable)	Date moving
Please list all of the people sheet or continue at Part 6 Full name Does anyone else regularly stay with you?	who will be living with if necessary. Relationship to you (for example, partner) No Yes If Yes, lived with you has not	Date of birth please give det moved with y	National Insurance Number (if applicable) ails at Part 6	Date moving in/moved in
Please list all of the people sheet or continue at Part 6 Full name Does anyone else regularly stay with you?	who will be living with if necessary. Relationship to you (for example, partner) No Yes If Yes, lived with you has not	Date of birth please give det moved with y	National Insurance Number (if applicable) ails at Part 6	Date moving in/moved in
Please list all of the people sheet or continue at Part 6 Full name Does anyone else regularly stay with you? If someone who previously us with their full name, the	who will be living with if necessary. Relationship to you (for example, partner) No Yes If Yes, I lived with you has not a date they left your pro	please give det	National Insurance Number (if applicable) ails at Part 6 ou to your new address ir forwarding address.	Date moving in/moved in
Please list all of the people sheet or continue at Part 6 Full name Does anyone else regularly stay with you?	who will be living with if necessary. Relationship to you (for example, partner) No Yes If Yes, I lived with you has not a date they left your pro	please give det	National Insurance Number (if applicable) ails at Part 6 ou to your new address ir forwarding address.	Date moving in/moved in

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PART 2 - About your new property Do you pay rent or ground rent No If No, go to Part 6 for your home? Yes If Yes, you will need to provide us with an original copy of your new tenancy agreement/rent book/letter from your landlord. Please complete the following table: Type of room How many in the whole How many just for you How many you share building and your household with other people Living rooms Bedrooms Bathrooms or shower rooms Toilets (separate) Kitchens Bedsitting rooms Other rooms (specify type below) If you rent a room only, where in the building do you live? At the rear Centre At the front In the middle Left Right Do you make any payments No towards part ownership of Yes your property? Do you pay rent to Platform Nο Housing Group? Yes If Yes, we will pay any housing benefit direct to your landlord Do you lease your property? No Yes If Yes, how long is your lease for? What sort of building do you live in? (Please tick one box only.) House Is it detached, semi detached or terraced?..... **Bungalow** Is it detached, semi detached or terraced?.....

Other, for example, hostel (please state what it is):

Is it in a block or over a shop?

Is it in a house, B&B or hotel?.....

Is it a static or touring van?.....

Flat

Caravan

Park home

Bedsit or room

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Are there any periods during the year when you cannot occupy the property?	Yes If Yes, confirm the dates you will not be resident:
Does your home have: (Please tick) Central heating? A garage? A garden? A parking space? Are you responsible for the	Is the property let as: (Please tick) Furnished? Partly furnished? Unfurnished?
internal decoration of the property?	Yes
How many floors are there in the building?	
Which floors do you live on (if applicable)?	
Do you need an additional bedroom? For example, for an overnight carer or disabled child.	Yes If Yes, please give details at Part 6 and provide medical evidence.
PART 3 - About rent	
_	t and tenancy before we can decide how much benefit you can get.
This could be your tenancy agree	ment, a rent book or a letter from your landlord.
This could be your tenancy agreed What is the full rental charge that you pay and how often do you pay it?	· · · · · · · · · · · · · · · · · · ·
What is the full rental charge that you pay and how often	ment, a rent book or a letter from your landlord. £ every
What is the full rental charge that you pay and how often do you pay it? When is the next rent	ment, a rent book or a letter from your landlord. £ every

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Are any of the following services or charges included in your rent?

Meals?	No			Breakfast
	Yes		Which meals (please tick)?	Lunch
				Evening meal 🔲
Water charges?	No			
	Yes		If Yes, how much per week?	£
Heating?	No			
	Yes		If Yes, how much per week?	£
Lighting?	No			
	Yes		If Yes, how much per week?	£
Hot Water?	No		,	
	Yes		If Yes, how much per week?	£
Fuel for Cooking?	No		ii res, now maen per week.	
	Yes		If Yes, how much per week?	£
Laundry?	No		ii les, now much per week:	Dlaga and if u
	Yes			Please specify: Bed Linen
	If Yes, I	now mเ	uch per week?	Personal
Cleaning of rooms?	No		<u>'</u>	
	Yes		If Yes, how much per week?	£
Cleaning of windows?	No			
	Yes		If Yes, how much per week?	£
Gardening?	No		in respiration mader per week.	
	Yes		If Yes, how much per week?	£
Garage or Parking space?	No	$\overline{\Box}$	ii ies, now mach per week:	
			16.V h 1.2	£
Is your Garage or Parking space	Yes No		If Yes, how much per week?	
charged separately?			151	£
Personal care and Support?	Yes		If Yes, how much per week?	
Transmitted and support.	No			£
Television?	Yes		If Yes, how much per week?	
retevision:	No		If Va = 'a 'a 'a 'a	N. D. V.
	Yes		If Yes, is it in your own room? or communal lounge?	No Yes No Yes
Anything else?	No		c. communationinge.	1.0
	Yes		If Yes, please give details at Pa	art 6.

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Has your rent been registered as a fair rent by a 'rent officer'?	Yes If Yes, please send the fair rent document.
Are you behind with your rent?	Yes If Yes, how many weeks?
Is your landlord resident at your address?	No Yes
What is your landlord's name and business address?	
By landlord we mean the person or organisation who owns the property you live in.	
If your landlord has an agent, tell us their full name and address:	
By agent we mean the person or organisation you actually contact about your tenancy.	
Can we contact your landlord or agent or speak to them about your claim?	Yes If Yes, we will not give your landlord or agent any information about your personal or household circumstances or your financial circumstances.
Are you, your partner, or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner?	Yes is my landlord's or agent's
Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson grandmother, son-in-law or stepdaughter.	
If either your landlord or agent is a company, are you associated to that company in any other way?	No

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PART 4 - Payment of Housing Benefit				
Housing benefit will be paid into your account. Name of bank or building society:				
Name the account is in:				
Sort code:				
Account number:				
Building society roll number if applicable:				
Would you like us to pay your housing benefit direct to your landlord? (We can usually only do this in certain cases.)	No Service Ser			
In some circumstances we may be able to pay your landlord direct. We can do this if you rent from the Council or a Housing Association. However, if you rent from a private landlord we need you to tell us why you need to have your Housing Benefit paid direct to your landlord.				
If you would like your landlord to be paid direct please tick this box and give full reasons with as much detail as possible, along with your landlord's account details at Part 6.				
PART 5 - Income and capita	al .			
Please tell us if your household income or savings have changed. With regard to capital it is especially important that you tell us if your savings have increased substantially. Please make sure that you tell us if your total savings reach one of the benefit thresholds of £6000, £10,000 or £16,000.				
Has your income or	No 🗆			
capital changed?	Yes If Yes, please tell us about the changes at Part 6			
Please note, it is your responsibility to tell us about any changes which you have had since your last declaration. If you fail to tell us, it may result in you losing money or having to repay an overpayment.				

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Please remember to tell us if any of your financial or household circumstances have changed along with the date that the changes happened.

PART 6 - Anything else you would like to tell us.

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PART 7 - Declaration

I understand the following:

- If I give information that is incorrect or incomplete, action may be taken against me.
- You will use the information I have provided to process my claim for Housing Benefit and Council Tax Support, 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 the law allows this.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Should this change of address result in entitlement to either Housing Benefit and/or Council Tax Support, please treat this as my intention to make a claim and issue the appropriate forms. I understand that my application for Housing Benefit and/or Council Tax Support will not be treated as made until the appropriate form is returned to the designated office.

I know I must let the benefit department at the Council know about any changes in my circumstances which might affect my claim.

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

Your information will be processed in accordance with the law, in particular the Data Protection Act 1998. The information that you provide will only be used for Council purposes unless there is a legal authority to do otherwise.

Signature of person claiming / applying: Signature of partner:		Date:		
	_	n the person claiming, please give details and ask ng in this form for the person claiming:		
I declare that as far as possible, I have confirmed with the person claiming that the details I have written on the this form are correct.				
Name of person who fil	led in the form	Signature of the person		
Relationship to the pers	son claiming	Date (ddmmyy)		

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Please return along with any necessary proofs to:

Email: benefits@e-lindsey.gov.uk

Post: Housing Benefit Section, The Hub, Mareham Road, Horncastle, Lincolnshire, LN9 6PH.

For enquiries:

Tel: 01507 601111

Web: www.e-lindsey.gov.uk

If you suspect anyone of Council Tax Support fraud, please telephone our 24 HOUR FREEPHONE hotline: 0800 002 008. If you suspect anyone of Housing Benefit fraud, please telephone our 24 HOUR FREEPHONE hotline: 0800 854 440.

Privacy Information

Any information you provide in response to this correspondence will be processed by Public Sector Partnership Services Ltd on behalf of the data controller, East Lindsey District Council. We have a legal responsibility to administer claims for Housing Benefit and Council Tax Support, and this forms our legal basis for processing your information. We may also share this information with other public bodies responsible for auditing or administering public funds, and with other suppliers we commission to support us with our duties. Please refer to our website www.e-lindsey.gov.uk/article/8600/HB-CTS-Privacy-Notice for more information relating to how your information is processed and your rights as a data subject.



Delivering services for





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