

Date issued: / /

Council Tax reference:

HB/CTS reference:

Civic Centre  
West Paddock  
Leyland  
Lancashire  
PR25 1DH

**Change of circumstances form  
 (when Income Support, income-based  
 Jobseeker's Allowance, income-related  
 Employment and Support Allowance or  
 Guarantee Credit ends)**

Date received (for office use only)

[Empty box for date received]

Office hours: You can call into South Ribble Gateway at the Civic Centre between 8.30am and 5.15pm Monday to Thursday, and 8.30am and 4.45pm on Friday. You can also phone us on 01772 625518.  
E-mail: [benefits@southribble.gov.uk](mailto:benefits@southribble.gov.uk)

| Type of claim                              | Please tick the benefits you are claiming. |
|--|--|
| Housing Benefit or Local Housing Allowance |  |
| Council Tax Support                        |  |
| Second Adult Reduction                     |  |

Full address and postcode of the property you want to claim for

[Empty box for address and postcode]

## Part 1 About you and your partner

**Do you have a partner who normally lives with you?**

By partner we mean a person you are married to or live with as if you are married to them, or a civil partner or a person you live with as if you are civil partners.

No

Yes  If you have a partner, you must answer all the questions about them.

**You**

**Your partner**

Last name

[Empty box for your last name]

[Empty box for partner's last name]

First names

(including middle names)

[Empty box for your first names]

[Empty box for partner's first names]

Title (Mr, Mrs, Ms and so on)

[Empty box for your title]

[Empty box for partner's title]

Date of birth

[Empty box for your date of birth: / /]

[Empty box for partner's date of birth: / /]

National Insurance number

You can find this on payslips or letters from social security or the tax office. We cannot decide your claim if we do not have your National Insurance number.

|         |                    |        |
|---------|--------------------|--------|
| Letters | Numbers            | Letter |
| [ ][ ]  | [ ][ ][ ][ ][ ][ ] | [ ]    |

|         |                    |        |
|---------|--------------------|--------|
| Letters | Numbers            | Letter |
| [ ][ ]  | [ ][ ][ ][ ][ ][ ] | [ ]    |

**We need to see proof of identity and National Insurance number for you and your partner.**

Tell us any other names you have used

[Empty box for your other names]

[Empty box for partner's other names]

Your daytime phone number

This may help us to deal with your claim more quickly.

[Empty box for your phone number]

[Empty box for partner's phone number]

Your e-mail address

[Empty box for your email address]

[Empty box for partner's email address]

Date your partner moved in (if this applies)

[Empty box for partner's move date: / /]

What date did your Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Guarantee Credit end?

[Empty box for your benefit end date: / /]



# Part 2 About being self-employed

Are you or your partner self-employed?

No  Go to **Part 3**.

Yes  Answer the questions on this page.  
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?

When did the business start?

What is the business address?

  
  
  
  
  
  

Are there any other partners in the business?

No   
Yes  Tell us their name and address.

No   
Yes  Tell us their name and address.

  
  
  
  
  
  

How many hours a week do you usually work?

Do you get a Business Start-Up Allowance?

No   
Yes  How much?

No   
Yes  How much?

How often?

How often?

Do you pay into a private pension scheme?

No   
Yes  How much?

No   
Yes  How much?

How often?

How often?

**We must see proof of your earnings before we can decide how much benefit/support you can get. Read the checklist in Part 11 to see what you can use as proof.**

# Part 3 About working for an employer

Do you or your partner work for an employer?

No  Go to **Part 4**.

Yes  Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

**You**

**Your partner**

What kind of work do you do?

What is your employer's name and address?

  
  
  
  
Postcode  
  
  
  
Postcode

When did you start this job?

 /  /  /  / 

Is this job likely to last 5 weeks or more?

No

Yes

No

Yes

What is your payroll, employee or staff number?

Are you employed for a limited period?

No

Yes  When will you finish?

 /  / 

No

Yes  When will they finish?

 /  / 

How often do you get paid?

 Every Every

How much do you get paid before tax and National Insurance are taken off?

 £ £

How are you paid?

For example, in cash, by cheque or straight into a bank or building society account.

When was your last pay rise?

 /  /  /  / 

When will your next pay rise be?

 /  /  /  / 

How many hours a week do you work?

Give details of any regular overtime, bonuses or commission you receive.

Are you getting Statutory Sick Pay (SSP), Statutory Maternity or Paternity Pay (SMP or SPP) from your employer at the moment?

No

Yes

No

Yes

## Part 3 About working for an employer – continued

|   | <b>You</b>  | <b>Your partner</b>   |
|---|---|---|
| Are you getting any other sick pay or maternity pay from your employer at the moment? | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Do you pay into a private or company pension scheme?                                  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br>£ <input type="text"/><br>How often?<br>Every <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br>£ <input type="text"/><br>How often?<br>Every <input type="text"/> |

**We must see proof of any earnings before we can decide how much benefit/support you can get. Read the checklist in Part 11 to see what you can use as proof.**

## Part 4 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  Go to **Part 5**.

Yes  Answer the questions on this page.

|  | <b>You</b>   | <b>Your partner</b>  |
|--|--|--|
| What other work do you do?                                       | <input type="text"/>   | <input type="text"/>   |
| What is the name and address of the person you do this work for? | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode <input type="text"/>  | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode <input type="text"/>  |
| When did you start this work?                                    | <input type="text"/> / <input type="text"/> / <input type="text"/>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| How many hours a week do you usually work?                       | <input type="text"/>   | <input type="text"/>   |
| Do you get paid?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much do you get before any deductions?<br>£ <input type="text"/><br>How often?<br>Every <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much do you get before any deductions?<br>£ <input type="text"/><br>How often?<br>Every <input type="text"/> |

**We must see proof of any earnings before we can decide how much benefit/support you can get. Read the checklist at Part 11 to see what you can use as proof.**

# Part 5 About benefits, pensions, allowances and credits

Do you or your partner receive any of the following?

In the 'How often' column please use 'W' for weekly, 'F' for fortnightly, 'L' for four-weekly, 'M' for monthly, 'A' for yearly. Tell us the full rate of the benefits before any deductions.

State Retirement Pension

Pension Credit (Savings Credit)

War Disablement Pension

War Widow's Pension

Widow's Pension and Industrial Widow's Pension

Private or work pension

Who pays it?

When does it increase?

Do you or your partner have a private pension you have decided not to receive yet?

When will you receive this?

Child Benefit

Working Tax Credit

Child Tax Credit

Carer's Allowance

Incapacity Benefit

Industrial Injuries Disablement Benefit

Statutory Sick Pay

Contribution-based Jobseeker's Allowance

Employment Training Scheme

Fostering Allowance

Employment and Support Allowance (contributory)

Have you ever had a claim for Carer's Allowance (previously called Invalid Care Allowance) turned down?

Statutory Maternity, Paternity or Adoption Pay

Maternity Allowance (from Department for Work and Pensions)

Reduced Earnings Allowance

Severe Disablement Allowance

Universal Credit

Armed Forces Independence Payment

Any other pension, benefit, allowance or credit you receive (please say what)

Any other pension, benefit, allowance or credit you have applied for but not received (please say what)

|   | You  | How often? |  | Your partner | How often? |
|---|--|------------|--|--------------|------------|
| State Retirement Pension  | £  |            | £  |              |            |
| Pension Credit (Savings Credit)   | £  |            | £  |              |            |
| War Disablement Pension   | £  |            | £  |              |            |
| War Widow's Pension   | £  |            | £  |              |            |
| Widow's Pension and Industrial Widow's Pension  | £  |            | £  |              |            |
| Private or work pension   | £  |            | £  |              |            |
| Who pays it?  |  |            |  |              |            |
| When does it increase?  | / /  |            | / /  |              |            |
| Do you or your partner have a private pension you have decided not to receive yet?                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |            | Yes <input type="checkbox"/> No <input type="checkbox"/> |              |            |
| When will you receive this?   | / /  |            | / /  |              |            |
| Child Benefit   | £  |            | £  |              |            |
| Working Tax Credit  | £  |            | £  |              |            |
| Child Tax Credit  | £  |            | £  |              |            |
| Carer's Allowance   | £  |            | £  |              |            |
| Incapacity Benefit  | £  |            | £  |              |            |
| Industrial Injuries Disablement Benefit   | £  |            | £  |              |            |
| Statutory Sick Pay  | £  |            | £  |              |            |
| Contribution-based Jobseeker's Allowance  | £  |            | £  |              |            |
| Employment Training Scheme  | £  |            | £  |              |            |
| Fostering Allowance   | £  |            | £  |              |            |
| Employment and Support Allowance (contributory)   | £  |            | £  |              |            |
| Have you ever had a claim for Carer's Allowance (previously called Invalid Care Allowance) turned down? | Yes <input type="checkbox"/> No <input type="checkbox"/> |            | Yes <input type="checkbox"/> No <input type="checkbox"/> |              |            |
| Statutory Maternity, Paternity or Adoption Pay  | £  |            | £  |              |            |
| Maternity Allowance (from Department for Work and Pensions)   | £  |            | £  |              |            |
| Reduced Earnings Allowance  | £  |            | £  |              |            |
| Severe Disablement Allowance  | £  |            | £  |              |            |
| Universal Credit  | £  |            | £  |              |            |
| Armed Forces Independence Payment   | £  |            | £  |              |            |
| Any other pension, benefit, allowance or credit you receive (please say what)                           | £  |            | £  |              |            |
| Any other pension, benefit, allowance or credit you have applied for but not received (please say what) | £  |            | £  |              |            |

## Part 6 About other money coming in

Do you or your partner have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

This includes occupational pensions; maintenance or child support for you, your partner or any of the children you have told us about on this form; money from a trust fund; training allowances; a student grant or loan; and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants. You do not need to tell us about payments from the independent Living Fund, the Eileen Trust or the Macfarlane Trust.

No  Go to **Part 7**.  
Yes  Answer the questions on this page.

### Other money 1

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting this income?

When is the income likely to go up?

### Other money 2

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting this income?

When is the income likely to go up?

### Other money 3

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting this income?

When is the income likely to go up?

## Part 7 Money you pay out (outgoings)

### You

Do you or your partner pay towards the upkeep of a student?

No

Yes  How much do you pay?

£

How often?

Every

Do you or your partner pay a registered childminder, nursery or after-school club to look after any children under 15 (under 18 if they are disabled)?

No

Yes  Please fill in the boxes below.

Name of child

Name and registration number of minder

Weekly amount



£



£



£

### Your partner

No

Yes  How much do you pay?

£

How often?

Every

We must see proof of any money going out before we can decide how much benefit/support you can get. Read the checklist at Part 11 to see what you can use as proof.

## Part 8 About capital, savings and investments

Do you or your partner have any capital, savings or investments in the UK or abroad?

No  Go to **Part 9**.

Yes  Answer all the questions in this part. We must see proof of all the capital, savings and investments. Read the checklist at Part 11 to see what you can use as proof.

This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates, and stocks and shares.

Do you or your partner have any bank accounts?

No

Tell us about all your **bank accounts**, even empty or overdrawn ones. If there are more than two bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

Yes

If you are sending a separate sheet of paper, tick this box.

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Date

/ /

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Date

/ /

# Part 8 About capital, savings and investments – continued

Do you or your partner have any building society accounts?

No

Yes  Tell us about **building society accounts**, even if you do not use them regularly. If you have more than two building society accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Name of building society

Account number

Whose name is the account in?

How much is in the account?

 £

Date

 /  / 

Name of building society

Account number

Whose name is the account in?

How much is in the account?

 £

Date

 /  / 

Do you or your partner have any post office accounts?

This includes savings accounts and Girobank accounts.

No

Yes  Tell us about **post office accounts**. If you have more than two post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Type of account

Account number

Whose name is the account in?

How much is in the account?

 £

Date

 /  / 

Type of account

Account number

Whose name is the account in?

How much is in the account?

 £

Date

 /  / 

Do you or your partner have any Premium Bonds?

No

Yes  Value

 £

Do you or your partner have any National Savings Certificates?

No

Yes  Issue number

Value

 £

How many?

Issue number

Value

 £

How many?



## Part 8 About capital, savings and investments – continued

Do you or your partner have any stocks, shares, bonds or unit trusts?

No

Yes  Company name

How many?

Company name

How many?

Do you or your partner have any other capital, savings or investments?

No

Yes  Tell us about this.

For example, cash, TESSAs, ISAs, TOISAs, compensation or any other money you have not told us about on this form.

Do you or your partner own or partly own any property, land or timeshare other than the home you live in, either in the UK or abroad?

No

Yes  What is the address?

Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare.

  
  
  
 Postcode

How much is it worth?

£

If you have a mortgage or loan for this, how much is left to repay?

£

Is it up for sale?

No  Please add more information in **Part 10**.

Yes

Have you or your partner received a Far Eastern Prisoner of War Payment?

No

Yes

## Part 9 How you want to be paid

The Local Housing Allowance scheme started on 7 April 2008. People who are part of this scheme (private tenants renting a room or property from a private landlord) will receive the Local Housing Allowance direct (that is, it will not go straight to their landlord).

In some cases, we may be able to pay your Local Housing Allowance to your landlord direct.

Please tick here if you would like us to consider paying your landlord.

You must give reasons on a separate sheet why you feel you cannot receive this money. Please provide evidence where necessary for example, a letter from your GP, a care worker, social services, welfare rights, probation officers, and so on.

### Paying your Housing Benefit and Council Tax Support

If you are awarded Housing Benefit or Local Housing Allowance, in most cases you can choose where to have your money paid. We can arrange to pay your money:

- straight into a bank or building society account; or
- by cheque.

If you are awarded Council Tax Support, we will pay this into your Council Tax account.

### Payment direct into an account

**We recommend that you get your money in this way because:**

- it is safe and secure;
- it is convenient - you decide when and how much you want to withdraw;
- using an account may help you to save;
- you could have regular bills paid from some accounts (this could save you money but you will need to make sure that there is enough money in your account to pay the bills - if not, you may be charged a fee); and
- you can get your money from many different places.

**You must tell us how you want us to pay your Housing Benefit or Local Housing Allowance.**

**Would you like your Housing Benefit or Local Housing Allowance paid straight into an account or by cheque?**

Tick the appropriate box.

**The account can be:**

- in your name;
- in the name of your partner (we use partner to mean a person you are married to or a person you live with as if you are married to them);
- in your name and your partner's name;
- in the name of the person acting on your behalf; or
- in your name and the name of the person acting on your behalf.

**If we cannot pay you direct, we will pay you by cheque.**

**Straight into an account**

**By cheque**

**If you want benefit to be paid straight into a bank account by BACS, please provide the following information.**

Name of bank or building society

Address

Postcode

Whose name is the account in?

Account number

Sort code

## Part 10 Anything else you need to tell us

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

If you are sending separate sheets of paper with this form, tell us how many.

## Part 11 Checklist

Please tick to tell us what proof you are sending with this form. We must see **original** documents, not copies. Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straightaway. If you cannot get into the office, phone us on 01772 625518 for more advice.

**If you do not provide all the proof we need, we might not be able to pay you any benefit/support. We need the same proof for your partner, if you have one, and for any other adults living in your home.**

**If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. Do not delay or you may lose benefit/support.**

### Proof of earnings

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you do not have these payslips, please tear off the employer certificate on page 14 of this form for your employer to fill in. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading accounts so far.

### Proof of benefits, allowances or pensions

Such as current award notices or letters from the Department for Work and Pensions confirming how much you get. If you do not have proof, let us know straight away. Please do not send order books through the post.

### Proof of other income

Such as pension slips from a former employer or a letter from the Child Support Agency showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

### Proof of capital, savings and investments

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments and savings. The proof you send should show details for at least the last two months.

### Proof of other money paid out

Such as letters about student grants or maintenance, agreements or receipts from registered child carers.

## Part 12 Backdating

We can usually award benefit/support from the Monday after the day we receive your claim. Sometimes we can pay benefit/support from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit/support from an earlier date, tell us when you want benefit/support from and why you did not claim earlier.

Date you want to claim benefit/support from

Tell us why you have not claimed before using the tear-off sheet at the back of this form.

## Part 13 Declaration

**Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct. But they do not have to sign.**

**Please read this declaration 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. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Local Housing Allowance or Council Tax Support. You may check some of the information with other sources as allowed by law.
- 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 organisations such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- You may give some information to other local authorities to check entitlement to free school meals or to assist with the application for a social fund payment. I understand that if I do not wish my information to be used in this way that I must inform the council of this.

**I know** I must let you know immediately about any change 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**

**Partner's signature**

**Date**

**If this form has been filled in by someone other than the person claiming**

Please tell us why you are filling in this form for the person claiming.

As far as possible, I have confirmed with the person claiming that the answers I have given on this form are correct.

**Name of the person who filled in the form**

**Signature of the person**

**Relationship to the person claiming**

**Date**

## To be filled in by the employee

|         |                           |  |
|---------|---------------------------|--|
| Name    | Job title                 |  |
| Address | National Insurance number |  |
|         | Works or payroll number   |  |
|         | Claim number              |  |

## Letter to employer

Please give us the information we ask for below and return this form to your employee as soon as possible. If your employee is paid weekly, please give details of the wages paid for the last five weeks, three fortnights or two months, as appropriate. You should include details of overtime, commission, bonus payments, Statutory Sick Pay and Statutory Maternity Pay.

|                                 |                            |
|---------------------------------|----------------------------|
| Date the employee started work: | Hours worked:              |
| Position held:                  | Date of last pay rise:     |
| How often they are paid:        | National Insurance number: |
| Method of payment:              | Tax code:                  |

**Please fill in five rows (if they are paid weekly), three rows (if they are paid fortnightly) or two rows (if they are paid monthly or every four weeks) in the table below.**

| Month, week or fortnight ending | Gross pay (before deductions) | Tax Credit | Income tax | National Insurance | Superannuation or pension | Other deductions | Net pay (after deductions) |
|---------------------------------|-------------------------------|------------|------------|--------------------|---------------------------|------------------|----------------------------|
|                                 |                               |            |            |                    |                           |                  |                            |
|                                 |                               |            |            |                    |                           |                  |                            |
|                                 |                               |            |            |                    |                           |                  |                            |
|                                 |                               |            |            |                    |                           |                  |                            |
|                                 |                               |            |            |                    |                           |                  |                            |
| <b>Total</b>                    |                               |            |            |                    |                           |                  |                            |

| Date | Gross pay to date | Tax Credit | Income tax to date | National Insurance to date | Superannuation or pension to date | Other deductions to date | Net pay to date |
|------|-------------------|------------|--------------------|----------------------------|-----------------------------------|--------------------------|-----------------|
|      |                   |            |                    |                            |                                   |                          |                 |

If any bonuses or expenses are included or paid separately, please give details. \_\_\_\_\_

Please give details of any other deductions. \_\_\_\_\_

If any holiday pay is included in the figures above, please give the period from \_\_\_\_\_ to \_\_\_\_\_ and amount £ \_\_\_\_\_.

Will the wages of your employee go up or down in the future?    Yes     No     Don't know

## The information I have given is true and complete.

|                              |                  |
|------------------------------|------------------|
| Employer's name and address: | Employer's stamp |
|                              |                  |
|                              |                  |
|                              |                  |
| Postcode:                    |                  |
| Authorised signature:        | Date:            |
| Name:                        |                  |
| Official position:           |                  |

**To be filled in by the customer**

|                  |
|------------------|
| Claim reference: |
| Name:            |
| Address:         |

Hand this form to your childcare provider, who should fill in the details below and give the form back to you. You should send the form to:

The Benefits Section  
 South Ribble Borough Council  
 Civic Centre  
 West Paddock  
 Leyland  
 Lancashire  
 PR25 1DH.

**To the nursery manager or childminder**

Please give us the information we ask for below.

| Child's name | Number of hours attend each week | Weekly amount you charge | Paid from (date) | Weekly amount paid | Amount of vouchers included in weekly payment (if the child is between three and five years old) (see the note below) |
|--------------|----------------------------------|--------------------------|------------------|--------------------|---|
|              |                                  |                          |                  |                    |   |
|              |                                  |                          |                  |                    |   |
|              |                                  |                          |                  |                    |   |
|              |                                  |                          |                  |                    |   |
|              |                                  |                          |                  |                    |   |

Note: If vouchers are included, please confirm the dates that the vouchers cover in the box below.

Are payments due to change or end in the near future? If so, please give dates and amounts in the box below.

|  |  |
|--|--|
|  |  |
|--|--|

**Authorisation**

|  |                |
|--|----------------|
| Nursery manager's or childminder's name and address        | Nursery stamp: |
|  |                |
|  |                |
|  |                |
| Postcode:  |                |
|  | Date:          |
| Ofsted number:   |                |
| I confirm that the above information is true and complete. |                |
| Authorised signature:                                      | Phone number:  |
| Name:  |                |
| Official position:   |                |

# Request for benefit/support to be backdated



Civic Centre  
West Paddock  
Leyland  
Lancashire  
PR25 1DH  
Phone: 01772 625518  
E-mail: [benefits@southribble.gov.uk](mailto:benefits@southribble.gov.uk)

|          |               |
|----------|---------------|
| Name:    | Claim number: |
| Address: | Phone number: |

I would like to request that my benefit/support be backdated to

Please write the reason for the backdate in the box below

Are you sending any other documents (please tick)?  Yes  No

The information I have given on this form is correct and complete. I understand that if I give information that is incorrect or incomplete, you may take legal action against me. I understand that you may check the information I have given and get other relevant information. I understand that if you pay me too much benefit/support, I may have to pay it back.

Signature

Date

**Private & Confidential**  
**CERTIFICATE OF BENEFIT**



Please complete and sign Part 1 and take it to the Department of Work and Pensions/Jobcentre Plus for completion. When they have stamped Part 2, please return to the Housing Benefit Service, South Ribble Borough Council, Civic Centre, West Paddock, Leyland, PR25 1DH.

**Part 1**

Name ..... National Insurance No.....

Address: ..... Date of Birth .....

I authorise the Department of Work and Pensions/Jobcentre Plus to provide details about my benefits and/or allowances.

Signed .....

**Part 2**

To be completed by the Department of Work and Pensions/Jobcentre Plus.

| Type of benefit or allowance | From | To             | Weekly amount |
|------------------------------|------|----------------|---------------|
|                              |      |                |               |
|                              |      |                |               |
|                              |      |                |               |
| Signed                       | Date | Official Stamp |               |

(on behalf of the Department of Work and Pensions/Jobcentre Plus)

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|------------------------------|------|----------------|---------------|
|                              |      |                |               |
|                              |      |                |               |
|                              |      |                |               |
| Signed                       | Date | Official Stamp |               |

(on behalf of the Department of Work and Pensions/Jobcentre Plus)



## What should I do if my circumstances change?

Please tear off this form and keep it in a safe place until you need to tell us about a change.

If your circumstances have changed, or change in the future, you must let us know straightaway. The change may affect how much benefit/support you can get. If you are entitled to more and do not tell us within one month, we will only be able to increase your benefit/support from the date you let us know. If you do not let us know and we pay you too much benefit/support, we will ask you to pay the money back. **You may also be breaking the law if you do not tell us about any changes and we may take legal action against you.**

Please use the form over the page to tell us about a change in your circumstances. You should return the form along with any supporting evidence to:

Benefits Section  
Civic Centre  
West Paddock  
Leyland  
PR25 1DH

Below are some examples of the types of changes you need to tell us about straightaway:



### Financial

- An increase or reduction in earnings, benefits or any other income.
- If you start or stop getting state benefits (for example, Income Support, Jobseeker's Allowance, Pension Credit, Tax Credits or another benefit) or any other income.
- If you or your partner start work, stop work or change jobs.
- Any increase or reduction in your capital or savings.
- A change in the amount of your childcare costs.



### Accommodation details

- If your rent changes.
- If you change address you will need to fill in a new claim form straightaway for your new address. (If you move out of the borough, you will need to contact the local authority in your new area to continue to claim.) Any delay in sending in the claim form for your new address may lead to you losing benefit/support.



### Household details

- If anyone joins or leaves your household or their income changes (we will need the previous address of anyone who moves into your property, and the new address of anyone who leaves your property).
- The date a child leaves school.

If you have any questions, or would like some advice, you can phone us on 01772 625518.

You can also contact us by e-mail at [benefits@southribble.gov.uk](mailto:benefits@southribble.gov.uk) or fax us on 01772 625579.

# A report of a change in my circumstances



Civic Centre  
West Paddock  
Leyland  
Lancashire  
PR25 1DH  
Phone: 01772 625518  
E-mail: [benefits@southribble.gov.uk](mailto:benefits@southribble.gov.uk)

|          |               |
|----------|---------------|
| Name:    | Claim number: |
| Address: | Phone number: |

My circumstances have changed since I last filled in an application for Housing Benefit or Local Housing Allowance or Council Tax Support.

My circumstances have changed for the following reasons.

Are you sending any other documents (please tick)?  Yes  No

Date of change

The information I have given on this form is correct and complete. I understand that if I give information that is incorrect or incomplete, you may take legal action against me. I understand that you may check the information I have given and get other relevant information. I understand that if you pay me too much benefit/support, I may have to pay it back.

Signature

Date

# Equal Opportunities Monitoring Form

South Ribble Borough Council exists to provide services to a diverse local population living in the Borough and as such we intend to ensure that our services are equally accessible and that they serve the needs of those that they are intended for.

Furthermore, local authorities have legal obligations and duties under anti-discrimination law, which prohibits discrimination in the delivery of its services. With this in mind, the Council needs to measure the impact of its policies and procedures on different customer groups. Monitoring will help us to identify patterns of inequality, barriers to opportunities/services and disadvantages/unfairness and enables the Council to take corrective action.

In order to ensure that the Council's equal opportunities policies and procedures are being adhered to, customers are being asked to complete all sections of this form. The form will be treated confidentially. It will be used for monitoring purposes and producing certain statistical returns only.

Please tick the appropriate boxes.

## GENDER

Are you? Female  Male

## DISABILITY

Do you consider that you have a physical or mental disability? Yes  No

## ETHNIC ORIGIN

What is your racial/ethnic group? Please choose one from section A to E.

### A White

British  Irish

Any other white background  (please state) .....

### B Mixed

White and Black Caribbean  White and Black African  White and Asian

Any other mixed background  (please state) .....

### C Asian or British Asian

Indian  Pakistani  Bangladeshi

Any other Asian background  (please state) .....

### D Black or Black British

Caribbean  African

Any other Black background  (please state) .....

### E Chinese or Chinese British or Any Other Ethnic Group

Chinese

Any other background  (please state) .....

## AGE GROUP

Are you:  
16-19  20-29  30-59  60-74  75 and over

## RELIGION

Christian  Muslim  Hindu  None  Other  (please state) .....

