

Housing Benefit and Council Tax Benefit CHANGE OF ADDRESS CLAIM FORM

The Benefits Service PO Box 22515, London W8 7WB 020-7361-3006



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

FOR OFFICE USE ONLY	
Claim No	
Date	
Reason	

Part 1 About you and your household

Last Name	
Other Names	
Date of Birth	/ /
New Address	
Post Code	Phone Number
Old Address	
Post Code	

Please tell us about anyone who lives in your household and what relation they are to you. This includes your partner, children, friends etc.

Name & Date of Birth	Relationship to you	Income, if any
Full Name D.O.B.		
Full Name D.O.B.		
Full Name D.O.B.		
Full Name D.O.B.		
Full Name D.O.B.		
Full Name D.O.B.		

Part 2 About your home

When did you start renting your home?

When did you move to this address?

If you have not moved in yet, tell us when you expect to move in, then tell us when you have actually moved in.

Do you pay rent to the council?

No ☐ Answer the questions below.

Yes ☐ What is your reference number
Go to **Part 4**.

What is your landlord's or agent's name and business address?

By landlord we mean the person or organisation who owns the property you live in.

Postcode

Please tick to show if the property is let as:

☐ furnished

☐ minimally furnished

☐ partly furnished

☐ unfurnished

How much is the rent for your home?

£ every

(For example, every week/fortnight/4 weeks/month.)

Does anyone else share the rent with you and your partner?

No ☐

Yes ☐ Tell us their names and their relationship to you and your partner.

How much of the rent do you pay?

£ every

(For example, every week/fortnight/4 weeks/month.)

Does your rent include money for the following?

Water authority charge:

No ☐

Yes ☐

How much each week?

£

Personal care and support

No ☐

Yes ☐

How much each week?

£

Heating

No ☐

Yes ☐

How much each week?

£

Garage or parking space

No ☐

Yes ☐

How much each week?

£

Do you have to rent the garage as part of your tenancy agreement?

No ☐

Yes ☐

Gardening

No ☐

Yes ☐

How much each week?

£

Part 2 About your home – continued

Internal Decorations	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	How much each week?	£ <input type="text"/>
Laundry	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	How much each week?	£ <input type="text"/>
Hot water	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	How much each week?	£ <input type="text"/>
Lighting	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	How much each week?	£ <input type="text"/>
Fuel for cooking	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	How much each week?	£ <input type="text"/>
Cleaning rooms or windows	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	How much each week?	£ <input type="text"/>
Meals	No	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>	How much each week?	£ <input type="text"/>
			Which meals are included?	<input type="text"/>

We must see original evidence of your rent and tenancy before we can decide how much benefit you can get. For example we need a rent book, rent receipts or a letter from your landlord.

What sort of building do you live in? Tick one box only.

Detached house	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>	Caravan, mobile home or houseboat	<input type="checkbox"/>
Semi-detached house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Board and lodgings	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bedsit or rooms	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Other	<input type="checkbox"/>				

Does your home have central heating?

No ☐

Yes ☐

Does your home have a garden?

No ☐

Yes ☐

Has your home been built or adapted for people with disabilities?

No ☐

Yes ☐

Which floors do you live on?

Do you and your household occupy only part of the building you have ticked?

No ☐

Yes ☐

Where in the building do you live?

At the front ☐

In the middle ☐

At the back ☐

How many rooms are there in the building?	In the whole building?	Just for you and your household?	That you share with other people?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 About your home – continued

Bedrooms

Bathrooms or shower rooms

Toilets

Kitchens

Other rooms:

Do you use your home for business?

No ☐

Yes ☐

Please provide original evidence of the rent you pay. For example a
rent book, rent receipt or letter from your landlord.

Part 3 How you want to be paid

How do you want us to pay your Housing Benefit?

I want my benefit to go straight into my landlord's bank or building society account.

☐ Tell us the following detail:

I want my benefit to go straight into my bank or building society account.

☐ Tell us the following detail:

Name of bank or building society

Address

 Postcode

Whose name is the account in?

Account number

Sort code

Part 4 Declaration

THIS MUST BE SIGNED. If you do not sign this part of the form, it may delay payment of your claim.

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

Signature of person claiming

Date

Partner's signature

Date