



# Notification of change in income form for Housing Benefit and Council Tax Benefit

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

## Part 1 - About you and your address

Full Name

Address

Contact telephone number

## Part 2 - About benefits and pensions

Please tell us about any benefits or pensions you or your partner receive.

|                                 | You                                    | Your partner                           |
|---------------------------------|--|--|
| Name of the benefit or pension. | <input type="text"/>                   | <input type="text"/>                   |
| How much do you receive?        | £ <input type="text"/> e.g. week/month | £ <input type="text"/> e.g. week/month |
| Name of the benefit or pension. | <input type="text"/>                   | <input type="text"/>                   |
| How much do you receive?        | £ <input type="text"/> e.g. week/month | £ <input type="text"/> e.g. week/month |
| Name of the benefit or pension. | <input type="text"/>                   | <input type="text"/>                   |
| How much do you receive?        | £ <input type="text"/> e.g. week/month | £ <input type="text"/> e.g. week/month |

Please tell us about any other income you or your partner receive.

|                          |  |  |
|--------------------------|--|--|
| Type of income.          | <input type="text"/>                   | <input type="text"/>                   |
| How much do you receive? | £ <input type="text"/> e.g. week/month | £ <input type="text"/> e.g. week/month |
| Type of income.          | <input type="text"/>                   | <input type="text"/>                   |
| How much do you receive? | £ <input type="text"/> e.g. week/month | £ <input type="text"/> e.g. week/month |

Please provide a letter from the Benefit Agency, your benefit order book, or your bank statement showing benefits being paid into your account. This must be original evidence.

## Part 3 - About your earnings

Please tell us about any earnings you receive.

Do you or your partner work?      **Yes**       **No**

If "yes", please give the following details.  
Employer's name and address:

|   | You                                  | Your partner                         |
|---|--------------------------------------|--------------------------------------|
| When did you start this job?                        | ...../...../.....                    | ...../...../.....                    |
| Earnings:   | £ <b>every</b><br>e.g. (week, month) | £ <b>every</b><br>e.g. (week, month) |
| Give details of overtime,<br>bonuses or commission. |                                      |                                      |
| How many hours a week do you work?                  | ..... hours                          | ..... hours                          |

Do you pay into a private company pension scheme?      **Yes**       **No**

|                              |                    |                    |
|------------------------------|--------------------|--------------------|
| If yes, how much do you pay? | £            every | £            every |
|------------------------------|--------------------|--------------------|

If you pay for registered childcare please complete the Certificate of Childcare expenses details at the end of the form.

We will need to see your five most recent payslips or if you have not started work, a letter from your employer. If you are self employed, please provide a copy of your latest accounts.

## Part 4 - About your bank accounts, savings, property and investments

We need to know about property that you or your partner own. Do not include the home you live in.

|  | You                    | Your partner           |
|--|------------------------|------------------------|
| <b>Name of bank/building society</b>         | <b>Current balance</b> | <b>Current balance</b> |
|  | £                      | £                      |
|  | £                      | £                      |
|  | £                      | £                      |
|  | £                      | £                      |
|  | £                      | £                      |
|  | £                      | £                      |
| <b>Type of property, share or investment</b> | <b>Current value</b>   | <b>Current value</b>   |
|  | £                      | £                      |
|  | £                      | £                      |
|  | £                      | £                      |

Please provide evidence of any bank and building society accounts, as well as details of investments and property you own. For example, we will need to see your last two months bank statements.

## Part 5 - About other money coming in

Do you or your partner have any money coming in that you have not already told us about on this form? For example, maintenance, money from a trust fund, student grant or money you get for people living in your house.

### Other Money 1

What is it the money for?

Who gets it?

How much do they get? £  How often?

### Other Money 2

What is it the money for?

Who gets it?

How much do they get? £  How often?

*Please provide original evidence of any income stated above.*

## Part 6 - About any other changes

Please tell us about any changes that have happened in the last 12 months or use this space to provide us with any extra information you feel is relevant.

## Part 7 - Declaration

### Declaration

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

Signed .....

Name .....

Address .....

.....

**When completed, return to - The Benefits Service, PO Box 22515, London W8 7WB**



## BENEFITS SERVICE

### Certificate of Childcare Expenses

People who have to pay for childcare for a child under 11 may be able to get a higher amount of Housing Benefit or Council Tax Benefit. To qualify for this extra help, the care must be provided by:

- a registered childminder, **or**
- an organisation providing “day care” (for example, a day nursery or playscheme) for young children under Section 71 of the Children Act (1989) **or**
- a school or local council providing care on school premises, outside of school hours, for children aged 8 to 15 **or**
- by a childcare scheme on Crown Property, exempt from registration.

Please complete this form and help our claimant to get full entitlement to benefit.

**WARNING** It is an offence to knowingly make or endorse a false statement in support of a claim for benefit.

#### Please provide the following information:

Name and Address of Parent or Guardian.

Name:

Address:

Details of children for whom care is provided:

**Name of child**

**Charge for the care provided**

£  per week/month

£  per week/month

£  per week/month

How often is this care provided (e.g. 5 days a week/Every week of the year/Only during school holidays or term time).

Is the charge the same every week (if not please explain why).

**Registered Childminders**

**We need to know your name and address, registration number and the name of the Local Authority with which you are registered.**

Name: .....

Address: .....

.....

..... Phone number: .....

**Which Local Authority are you registered with?** .....

**L.A. registration number:** .....

**I HEREBY CERTIFY** that I provide and charge for care as stated above.

*Signature:* ..... *Date:* .....

**Other Organisations – What category does your organisation fall in?**

an organisation providing “day care” (for example, a day nursery or playscheme) for young children under Section 71 of the Children Act (1989).

a school or local council providing care on school premises, outside of school hours, for children aged 8, 9 or 10.

a childcare scheme on Crown Property, exempt from registration.

**Name and Address of organisation.**

Name: .....

Address: .....

.....

..... Phone number: .....

**Which Local Authority is your scheme registered with?** .....

**L.A. registration number:** .....

**Address where the “care” is provided:**

Address: .....

**I HEREBY CERTIFY** that I provide and charge for care as stated above.

*Signature:* ..... *Official Stamp:*

*Position of Signatory:* ..... *Date:* .....