



HOUSING BENEFIT/COUNCIL TAX REDUCTION CHANGE OF ADDRESS FORM

For office use only
Date of issue
Ref

Please answer all sections below

Do you have a partner who normally lives with you?
by *partner*, we mean someone you are married to or
live with as if you are married to them.

No

Yes

If you have a partner, you must answer
all the questions about them, as well as
yourself.

You

Your partner

First Names

Surname

Address

Do not tell us your partners address if
it is the same as yours

Telephone Number

Date of Birth

National Insurance No

Which benefit do you want to claim
We may need to ask you for more
information about this

**When did you move to this
address?**

Post Code										Post Code									
/ /										/ /									
Housing Benefit (please tick)										Council Tax Reduction (please tick)									
/ /										If you have not moved in yet, tell us when you expect to move in and confirm this date in writing after you move in									

Have there been any changes in you or your partner's circumstances since your last claim?

You should check your most recent benefit decision letter to see how your claim was assessed

No

Yes

Please tell us about any changes below. We may need to ask you for more information about
this.

Does anyone else live with you and your partner?

No

Yes

Please tell us about these people. We may need to ask you for more information about this.

Full Name	Relationship to you	Date of Birth	Income type and amount (if over 18)

Have there been any changes in any of these people's circumstances since your last claim for Housing Benefit and/or Council Tax Reduction?

No

Yes

Please tell us about any changes below. We may need to ask you for more information about this

DECLARATION

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 Council Tax Reduction, or both. You may check some of the information with other sources as allowed by the 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 departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.

I know I must let the Benefits Section of Orkney Islands Council know about any changes in my circumstances, which might affect my claim. This could be things like where I live, changes in my income or savings, who lives with me, changes in the income of anyone who lives with me, my Income Support or Jobseekers Allowance stopping, if I or my partner go into hospital, or the amount that I pay for my rent.

I declare the information I have given is correct and complete.

Claimant'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

<p>As far as possible, I have confirmed with the person claiming that the answers I have written on the form are correct.</p>
--

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

Return this completed form to:

Corporate Services - Benefits Section, School Place, Kirkwall, Orkney, KW15 1NY

If you have any queries you can contact us by telephone on (01856) 886312 or (01856) 873535 Extension 2116 or by email at benefits@orkney.gov.uk

The information on this form may also be used to assess possible entitlement to Council Tax Discount