

Are any services included in the rent? No  Yes  If Yes, please list with actual amounts (if specified)

<b>Common areas:</b>	cleaning £ <input type="text"/>	lighting £ <input type="text"/>	heating £ <input type="text"/>		
<b>Accommodation:</b>	cleaning £ <input type="text"/>	lighting £ <input type="text"/>	gardening £ <input type="text"/>	hot water £ <input type="text"/>	fuel for cooking £ <input type="text"/>
	lifts £ <input type="text"/>	heating £ <input type="text"/>	power £ <input type="text"/>	emergency alarm system £ <input type="text"/>	laundry £ <input type="text"/>
	TV aerial/satellite dish £ <input type="text"/>	window cleaner £ <input type="text"/>	laundry facilities £ <input type="text"/>	personal or nursing care £ <input type="text"/>	caretaker/warden (resident) £ <input type="text"/>
	caretaker/warden (non-resident) £ <input type="text"/>	general counselling & support £ <input type="text"/>			
<b>Meals:</b>	breakfast £ <input type="text"/>	mid-day meal £ <input type="text"/>	evening meal £ <input type="text"/>	other - please give details £ <input type="text"/>	

**Your details**  
I am completing this form in my capacity as:

landlord/owner  company representative  housing association   
 registered charity  local authority (e.g. NYC)  agent

**Landlord reference** (from remittance, advice notice, if known)

Name

Address

Postcode

Contact telephone number

**Bank details** (where payment has been agreed to go direct)

Bank sort code  -  -

Bank account number

Name of account holder

**If agent please give landlords details**

Name

Address

Postcode

Contact telephone number

Please sign below to confirm that the above details are correct and, **IF HOUSING BENEFIT IS TO BE PAID DIRECT TO YOU FOR THIS TENANT**, that in accepting this and any future payment for this tenant, **YOU ARE AGREEING TO REPAY** to North Yorkshire Council any overpayment of benefit which may occur on circumstances where it is considered reasonable for you to have been aware of the change.

Signature

Dated

# A Change of Address claim form for Housing Benefit and Council Tax Reduction



Benefits Office  
P.O. Box 148  
Town Hall  
St Nicholas Street  
Scarborough  
YO11 2ZH  
Telephone: 0300 131 2 131

Please complete this form in black ink

Ref. No.

## Part 1 About you and your partner

Issued:  By:

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

By partner, we mean someone of the opposite sex you are married to or live with as if you are married or someone of the same sex that you have a civil partnership with or live with as if you were in a civil partnership.

No  Yes  If you have a partner, you must answer all the questions about them.

	You	Your partner
<b>Last name</b>	<input type="text"/>	<input type="text"/>
<b>Other names</b>	<input type="text"/>	<input type="text"/>
<b>Title</b> Mr, Mrs, Ms or other	<input type="text"/>	<input type="text"/>
<b>Address</b> Please give the address that you want to claim for, including any flat or room number	<input type="text"/> <input type="text"/> <input type="text"/>	
	Postcode <input type="text"/>	

**Date of birth**  /  /

**National Insurance number**

Letters Numbers Letter Letters Numbers Letter

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

**Your daytime phone number**

**and/or email address**  
You do not have to tell us this, but it may help us to deal with your claim more quickly

## Part 1 About you and your partner - continued

I am - a housing association tenant  Name of Housing Association

- buying or own my home  - living in board and lodgings or hostel

- renting from a charity or voluntary organisation  - living in a caravan and paying ground rent

- renting from a private landlord  - liable to pay Council Tax

Did you move into this property to receive care, support or supervision? No  Yes  If your landlord is a Housing Association, charity or voluntary organisation we may contact you for more details

	You	Your partner
When did you move into your home? (or expected move date)	<input type="text"/>	<input type="text"/>
When did your tenancy start?	<input type="text"/>	<input type="text"/>
If you have moved in the last 12 months, tell us your last address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
What date did you vacate this address?	<input type="text"/>	<input type="text"/>
Did you rent your previous property?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Did you own your last home?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, is it up for sale?	No <input type="checkbox"/> Yes <input type="checkbox"/> we may contact you for more details	No <input type="checkbox"/> Yes <input type="checkbox"/>
If no, has it been sold?	No <input type="checkbox"/> Yes <input type="checkbox"/> we may contact you for more details	No <input type="checkbox"/> Yes <input type="checkbox"/>

## Part 2 About your household

Does anyone other than your partner live in your household?

No  Go to Part 3 Yes  Complete this section

# Housing Benefit Landlord Form



**To the claimant**  
Please ask your landlord to complete this form if you do not have a current tenancy agreement.

PLEASE RETURN IT AS SOON POSSIBLE.

Benefits Office  
P.O. Box 148  
Town Hall  
St Nicholas Street  
Scarborough  
YO11 2ZH  
Telephone: 0300 131 2 131

**To be completed by the landlord or agent of the property**

Ref. No.

Please complete both sides of this form to confirm rent details for housing benefit purposes.

Name(s) of tenant(s)

Address of property (to include flat/room number/name)

The total gross rent for this property is £  How often is this paid? (weekly, monthly etc.)

Is this inclusive of water rates? No  Yes  If Yes, how much are the water rates? (weekly equivalent) £

The rent is due to be paid on? (day)  Date of last rent increase?

What is the start date of the tenancy?  What date is the tenancy due to end?

When did the tenant move into this property? (exact date)  How much notice is your tenant required to give you prior to vacating your premises?

What type of tenancy is this? pre-1989 tenancy  assured shorthold  bed & breakfast   
regulated tenancy  guest house  other (please state)

If the tenancy/occupation is for 6 months or less, what are the arrangements (if any) to review the tenancy or continue to occupy the property?

Are you related to the claimant or anyone in the claimant's household? No  Yes

If Yes, please give further details.

## Part 10 Declaration

Please read this declaration carefully

### WARNING

It is an offence to give false information

#### This is my claim for Housing Benefit/Council Tax Reduction

- I declare that the information given on this form is true and complete to the best of my knowledge.
- I authorise the Council to make any necessary enquiries to verify the information on this form.
- **I will inform the Benefits Office in writing immediately should my/our income or circumstances change. I understand that failure to declare a change in circumstances is a criminal offence and I may be prosecuted (Theft Act 1968, Social Security Acts or Fraud Act 2006).**
- I understand that a delay in telling you of any change in circumstances may mean that I have to repay any benefit which has been overpaid.
- I understand that the details I have provided on my claim will be held in a computer system registered under the Data Protection Acts.

#### Data Protection Statement

The Council processes your personal information in accordance with the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018. We may use your personal information in a number of ways, but only for the purposes for which it was given.

We may pass on your personal information to law enforcement and counter fraud agencies who may use your personal data for the purposes of crime prevention and/or detection.

For further information on how we process your personal information, please refer to our Privacy Notice: [www.northyorks.gov.uk/privacy](http://www.northyorks.gov.uk/privacy)

**I have** read and understood the above declaration and  
**I declare** that the information I have given on this form is correct and complete.

Signature of person claiming

Date

 /  / 

**I have** read and understood the above declaration and  
**I declare** that the information I have given on this form is correct and complete.

Partner's signature

Date

 /  / 

## Part 2 About your household - continued

Please give all details of everybody who normally lives with you, including children and non-dependents

Name	Relationship to you	Date of Birth	List their income

If anyone has moved in or out of your household or there has been a change in their income please complete Part 7 giving full details

## Part 3 About your rent

Rent section for tenants.

Do you rent your home?

If No, please go to Part 5

No  Yes

Do you rent from a Housing Association?

No  Yes

If yes, do you want us to pay your benefit direct to them? No  Yes

Name and address of your landlord If you wish your landlord or agent to discuss details of your claim with us, please complete Part 5

  
  
 Postcode  
 tel/email

If your landlord has appointed an agent to act on his behalf, please confirm their name and address

  
  
 Postcode  
 tel/email

Do you share the rent payment with anyone else other than your partner?

No  Yes

If Yes, how many people share the rent with you?

What is your share?

£

Do you or your partner have a carer who lives somewhere else, but provides care over night in your home?

No  Yes

If yes, we may need to contact you for further information

What date did your tenancy begin?

 /  / 

Have you a written shorthold tenancy agreement?

No  Yes

### Part 3 About your rent - continued

If Yes, what length of time is the tenancy for?

What notice do you have to give your landlord if you move? (e.g. 1 week, 4 weeks etc.)

Have you ever owned this property? No  Yes

If Yes, please confirm when sold

We may contact you for further information

Are you, your partner, or any of you or your partner's children related to your landlord? No  Yes

If No, in what capacity do you know your landlord?

If Yes, what is the relationship?

Are you, your partner, or any of you or your partner's children related to your agent? No  Yes

If No, in what capacity do you know your agent?

If Yes, what is the relationship?

Did you give notice to the landlord at your old address before you moved? No  Yes

What date did you tell your old landlord you would be moving?

How much notice did you give?

What date did you stop paying rent at your old address?

#### ABOUT THE RENT YOU PAY YOUR NEW LANDLORD

What is the total amount of rent you are charged? £

How often do you have to pay? - weekly/monthly/etc.

Is your rent registered as a fair rent? No  Yes

If Yes, date registered

### Part 7 Any other changes

Have you, or your partner or anyone else in your household had any other changes in circumstances?

No  Go to Part 8 Yes  Please give details below

Have you included a separate sheet? No  Yes

### Part 8 Proofs checklist

The following proofs are required before benefit can be granted

We cannot pay benefit until you have shown us the proofs we need, but don't delay sending back the claim form if you don't have the proofs handy. Send the form back straight away as we normally grant benefit from the Monday after your application is received. Then send the proof as soon as you have it (within one calendar month).

Have you included proof of rent? No  Yes

This means your current tenancy agreement. If you do not have a rent agreement your landlord will be required to complete one of our **landlord forms** as confirmation of your rent liability, start date of tenancy, date you moved in, amount of rent charged and details of any services included in with your rent. A landlord form is attached to the back of this form, or further copies are available from the Benefit Office.

Please note if you have a tenancy agreement which has now expired your landlord will also be required to complete one of our landlord forms.

Have you included proof of any other changes? No  Yes

You can email images of the documents we have requested directly to us at [benefits.office.sca@northyorks.gov.uk](mailto:benefits.office.sca@northyorks.gov.uk)  
This is the quickest way of getting the information to us. Alternatively you can post the original documents, or preferably copies, to the address on the front of this form. Please make it clear if you require the original documents sending back to you otherwise they will be retained for 2 months and then destroyed.

If you have any queries please contact the Housing Benefits Office on 0300 131 2 131. Telephone lines open between 9.00 am - 5.00 pm Monday, Tuesday and Thursday; 9.30 am - 5.00 pm Wednesday and 9.00 am - 4.30 pm Friday.

**WARNING - If this information is not supplied within one calendar month it will be assumed that you no longer wish to claim benefit.**  
**This means that you must provide all relevant proofs within one calendar month of the date that your application arrives at our office. If you fail to do so benefit will NOT be granted.**

## Part 4 Payment of Housing Benefit - continued

Name(s) of account holder(s)

Signature

## Part 5 Providing information to others

This form is confidential. Any information you give us on this form will be kept strictly private. However, if you wish information about your claim for benefit to be given to someone else, for example a relative, Citizen Advice, other voluntary organisation or landlord, please provide their name and address. Please note that by signing the declaration on page 10, you are agreeing to this.

Name and address   
  
  
 Postcode

Relationship to you or your partner

## Part 6 Have you completed this form yourself?

No  Yes

If someone else has filled in this form for you, they must fill in the details below. This includes an agent, appointee, relative or friend.

Name and address of the person filling in the form (or voluntary organisation/ Agency details)   
  
  
 Postcode

Relationship to you or your partner

Signature/Stamp

Date

## Part 3 About your rent - continued

Do you have any free weeks when you do not pay rent? No  Yes

If Yes, how many weeks are free?

Who is responsible for internal decoration? Landlord  Yourself

Does your landlord provide any furniture? No  Yes, all  Yes, part

Does your rent include an amount for a garage? No  Yes  Amount  £

Do you have central heating? No  Yes

Please tick all the boxes that describe your home: house  detached  semi-detached  terraced

detached bungalow  semi-detached bungalow  maisonette  room/s in house

flat over shop  flat in block  flat in house  hotel/guest house  hostel

other specify

How many floors are there in the property you live in?

On which floor is your home? basement  ground  first  second  third

other specify

If single room, give location (looking from the road outside) left  centre  right  front  centre  rear



### Part 3 About your rent - continued

How many rooms are there in the building? Enter zero for none.

	In the whole house or flat	For sole use of you and your household	Shared with anyone else
- living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
- living room/kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>
- bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
- bedsitting room	<input type="text"/>	<input type="text"/>	<input type="text"/>
- bedsitting room/kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>
- kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
- bathrooms/shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
- separate toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
- separate dining room	<input type="text"/>	<input type="text"/>	<input type="text"/>
- other rooms (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How do you pay for the following services?

	Slot meter	Separate bill	In with your rent	State amount payable
- heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- hot water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- gas or electricity for cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- cleaning, heating or lighting of shared areas e.g. stairs, hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- cleaning your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- laundry service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- laundry facilities for you to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- any other service - (please say what it is)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
<input type="text"/>				

### Part 3 About your rent - continued

	separate bill	in with your rent	state amount payable
- council tax	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- water rates	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- lift	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- gardening	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- personal or nursing care	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- caretaker/warden (resident)	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- general counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- emergency alarm system	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- window cleaner	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- TV aerial or satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
No                      Yes			
<b>Does your rent include a payment for meals?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
breakfast              lunch              evening meal			
- if Yes, which meals are provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No                      Yes			
- are the meals prepared and served at the address where you live?	<input type="checkbox"/>	<input type="checkbox"/>	

### Part 4 Payment of Housing Benefit

Tenants are paid directly into a bank or building society account. This means that you must have a bank or building society account (we cannot, however, pay benefit into a Post Office account). Please complete the following information.

**PLEASE NOTE THE CLAIMANT MUST BE THE ACCOUNT HOLDER**

**Application for payment of Housing Benefit to claimant by BACS**

**Name of Bank/Building Society**

**Branch**

**Sort Code**  -  -

**Account Number**

**Roll Number (if applicable)**