

## 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

# A Change of Income 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
Last name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Title Mr, Mrs, Ms or other	<input type="text"/>	<input type="text"/>
Address 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	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>
	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	<input type="text"/>	<input type="text"/>
and/or email address You do not have to tell us this, but it may help us to deal with your claim more quickly	<input type="text"/>	<input type="text"/>

## Part 1 About you and your partner - continued

Does anyone get Carer's Allowance for looking after you or your partner?

No  Yes

No  Yes

Has anyone been granted an underlying entitlement to Carer's Allowance for looking after you or your partner, but does not receive the payment?

No  Yes

No  Yes

*You do not have to provide this information but you may be entitled to more benefit if you do. It would be advisable to provide their award letter if possible.*

Name and address of carer




Postcode

Name and address of carer




Postcode

Please tick if you or your partner are:

- |  |                          |                                    |                                    |                          |                                    |                                    |
|--|--------------------------|------------------------------------|------------------------------------|--------------------------|------------------------------------|------------------------------------|
| - a student  | <input type="checkbox"/> | part time <input type="checkbox"/> | full time <input type="checkbox"/> | <input type="checkbox"/> | part time <input type="checkbox"/> | full time <input type="checkbox"/> |
| - a student nurse                                  | <input type="checkbox"/> |                                    |                                    | <input type="checkbox"/> |                                    |                                    |
| - an apprentice                                    | <input type="checkbox"/> |                                    |                                    | <input type="checkbox"/> |                                    |                                    |
| - on youth training                                | <input type="checkbox"/> |                                    |                                    | <input type="checkbox"/> |                                    |                                    |
| - in legal custody                                 | <input type="checkbox"/> |                                    |                                    | <input type="checkbox"/> |                                    |                                    |
| - severely mentally impaired                       | <input type="checkbox"/> |                                    |                                    | <input type="checkbox"/> |                                    |                                    |
| - registered blind                                 | <input type="checkbox"/> |                                    |                                    | <input type="checkbox"/> |                                    |                                    |
| - long term sick or disabled and incapable of work | <input type="checkbox"/> |                                    |                                    | <input type="checkbox"/> |                                    |                                    |

We will contact you if we need any more information

## Part 10 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 earnings? No  Yes

This means your **latest 5 consecutive wage slips** if you are paid weekly, or your **latest 3 consecutive wage slips** if you are paid every 2 weeks or **latest 2 consecutive salary slips** if you are paid either monthly or paid every 4 weeks.

If you do not receive pay slips your employer will need to complete and return a **Certificate of Earnings form** (available from the Benefits Office).

If you are self-employed we need to see your latest set of self-employed accounts. If these are not available, or you have recently started your business please complete one of our **Self-Employed Income forms** (available from the Benefits Office).

Have you included Proof of rent? No  Yes

Have you included proof of any other changes? No  Yes

This means money you hold in the Bank or Building Society (current and deposit accounts), TESSAs, ISAs, national savings, premium bonds, stocks, shares, unit trusts, investments, other property/land etc.

Please provide proof of your savings accounts and accounts used for paying bills or similar. Savings will also include any held by a partner. Please note bank statements need to show a minimum of your **latest 2 consecutive months transactions. We require this information even if the account is overdrawn.**

**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 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 About your work

	You	Your partner
Do you do paid work?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, please fill in this section. If No, please go to Part 5		
Your main job is?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name and address of your employer	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <input style="width: 100%;" type="text"/>
How many hours do you normally work per week?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
How often are you paid?	Every <input style="width: 100%;" type="text"/>	Every <input style="width: 100%;" type="text"/>
How are you paid? <small>For example are you paid cash, cheque, bank giro?</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
When did you start this job?	<input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/>
What is your hourly rate of pay?	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
When was your last pay rise?	<input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/>
Date of next pay increase <small>(if known)</small>	<input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/>
Are you getting Statutory Sick Pay or Statutory Maternity Pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<small>If Yes, we need to see proof.</small>	How much? £ <input style="width: 100%;" type="text"/>	How much? £ <input style="width: 100%;" type="text"/>
	How often? Every <input style="width: 100%;" type="text"/>	How often? Every <input style="width: 100%;" type="text"/>

## Part 7 About your capital/savings/accounts - continued

		Your holding invested in?	No. of shares	Partner's holding invested in?	No. of shares
<b>Stocks and shares.</b> <small>(please continue on separate sheet if needed)</small>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Property and land owned by you and your partner other than the home you live in</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	Capital value £ <input style="width: 100%;" type="text"/>	Capital value £ <input style="width: 100%;" type="text"/>	Rent received per week £ <input style="width: 100%;" type="text"/>	Rent received per week £ <input style="width: 100%;" type="text"/>
<b>Address</b>	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <input style="width: 100%;" type="text"/>			
<b>If you have a mortgage or loan for this, how much is left to repay?</b> <small>We will contact you if we need more information</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
<b>Have you or your partner received a Second World War Prisoner of War compensation payment?</b> <small>We will contact you if we need more information</small>	No <input type="checkbox"/> Yes <input type="checkbox"/>				

## Part 8 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)	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <input style="width: 100%;" type="text"/>
Relationship to you or your partner	<input style="width: 100%;" type="text"/>
Signature/Stamp	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/>

## Part 7 About your capital/savings/accounts - continued

Please include land, property (other than the home you live in) and investments and "current accounts" used for paying bills and everyday use.

We need to know about any money, savings and property in this country or abroad that you or your partner have.

**Do you or your partner have any of the following?**

(we require this information even if the account is overdrawn)

**You must answer No or Yes to every item on the list**

	No	Yes	Name of bank	Your balance	Your partner's balance
- bank accounts - including current accounts	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
- on-line only bank account	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
- building society accounts - including current accounts	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
- post office accounts	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
- national savings bank accounts	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
- premium bonds	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
- unit trusts, ISAs, PEPs, or other investments	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
- money from a redundancy payment	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
- money from the sale of your house	<input type="checkbox"/>	<input type="checkbox"/>			

	No	Yes	Name of bank	Your balance	Your partner's balance
Money you have saved for something	<input type="checkbox"/>	<input type="checkbox"/>			
Money or property held in trust	<input type="checkbox"/>	<input type="checkbox"/>			
Income bonds or capital bonds	<input type="checkbox"/>	<input type="checkbox"/>			
Any other money	<input type="checkbox"/>	<input type="checkbox"/>			

### National Savings Certificates

(please continue on separate sheet if needed)

No	Yes	Which issue?	Purchase date	No. of units
<input type="checkbox"/>	<input type="checkbox"/>		/ /	
			/ /	
			/ /	

## Part 5 About any other work

	You	Your partner
<b>Do you or your partner do any other work at all?</b> This could be a second job, voluntary work or any other work, even if it is not paid work.	No <input type="checkbox"/> Go to <b>Part 6</b>	No <input type="checkbox"/> Go to <b>Part 6</b>
	Yes <input type="checkbox"/> Answer the following questions	Yes <input type="checkbox"/> Answer the following questions

**What kind of work do you do?**  
(please indicate if this is paid or voluntary work).

You	Your partner

**What is the name and address of the person you do this work for?**

You	Your partner
Postcode	Postcode

**When did you start this work?**

/ /	/ /
-----	-----

**Do you get paid?**

If you only get expenses or tips, still tick 'Yes' and give details

You	Your partner
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	How much?
£	£
How often?	How often?
Every	Every

**How are you paid?**

For example are you paid cash, cheque, bank giro?

--	--

**We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 10 (page 11) to see what you can use as proof.**

**Are you self-employed?**

You	Your partner
No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

**How many hours do you normally work?**

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**We must see proof of self-employed income before we can decide how much benefit you can get. Read the checklist at Part 10 (page 11) to see what you can use as proof.**

### Part 6 About any other income

Do you or your partner receive any other income? No  Go to Part 7

Yes  Tell us about you and your partner's other income. We need to see proof.

Please note that certain types of income attract a disregard.

#### Family Benefits

	You	Your Partner	How often is it paid?	Start Date	Payment Method	Date of Next Increase
- child benefit	£	£				
- fostering allowance	£	£				
- maternity allowance	£	£				
- child tax credit	£	£				

#### State Benefits

- working tax credit	£	£				
- contribution based job seekers allowance	£	£				
- bereavement allowance	£	£				
- return to work credit	£	£				
- in work credit	£	£				
- incapacity benefit	£	£				
- contribution based employment & support allowance	£	£				
- income based employment & support allowance	£	£				
- disability living allowance: mobility component	£	£				
- disability living allowance: care component	£	£				
- personal independence payment	£	£				
- attendance allowance	£	£				
- carer's allowance	£	£				
- severe disablement allowance	£	£				
- industrial death benefit	£	£				
- industrial injuries disablement benefit	£	£				
- universal credit	£	£				

### Part 6 About any other income - continued

#### Pensions

- state retirement	£	£				
- pension credit (savings credit)	£	£				
- private pension/ annuity/ works pension	£	£				
			GROSS			
	£	£				
			NET			
- widows pension	£	£				
- war widows pension (*breakdown required)	£	£				
- war disablement pension (*breakdown required)	£	£				

#### Other Income

- new deal/ other government training scheme payment	£	£				
- maintenance payments you receive	£	£				
- please confirm for whom the maintenance is received						
- payments from boarders	£	£				

#### Any Other Income or Benefits

- (please specify)

Have you or your partner applied for any benefits which have not yet been awarded?

<b>You</b>	<b>Your partner</b>
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If Yes, which benefit(s)?

Money you pay out. Do you or your partner make any parental contributions to a student?

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, please provide proof.	If Yes, please provide proof.

Do you or your partner pay any child-minding costs? For example to a child-minder, nursery or after-school club

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, please provide proof of the last 5 weeks payments or request a Childcare disregard form.	If Yes, please provide proof of the last 5 weeks payments or request a Childcare disregard form.