



Housing Benefit and Council Tax Benefit

For reporting a change of address

Private and confidential

Do not delay in returning this form or you could lose benefit

The address you have moved from, or are moving from:

Name
Address
Post Code
Daytime Telephone No.

DOI:
DOC:
INITIALS:

Date Received Stamp
H/B Reference No.....
Council Tax Ref.....

Filling in the form

Use **BLACK** ink to fill in the form. Do not use pencil. If you make a mistake cross it out and put the right answer next to it. Answer YES or NO questions by putting a tick in the relevant box. If you are picking an answer from a list of questions, tick the appropriate box or boxes.

If someone else fills in the form for you, there is a special space for them to sign.

You may not have to fill in all parts of the form but you **MUST** fill in any part that applies to you.

There is also a checklist at Part 10 to help you ensure that you are providing the proofs we need to assess your entitlement to benefit. **If you do not complete each part that is relevant to you or provide the required proofs you will delay any Benefit payments we can make.**

We can supply large print forms and arrange home visits if you are housebound and require help to complete this form.

Please contact us if you require either of these services. Our details are on the back of this form.

An interpreter can be arranged if you need help completing this form.	Translation in Chinese	Translation in Vietnamese	Translation in Bengali
	如果您在填寫這份表格時需要幫助，我們可以安排一位口譯人員。	Chúng tôi có thể sắp xếp một phiên dịch cho ông nếu ông cần giúp đỡ thì hoàn thành mẫu đơn này.	যদি আপনার এই ফর্মটি সম্পূর্ণ পূরণ করতে সাহায্যের প্রয়োজন হয় তাহলে একজন দোভাষীর ব্যবস্থা করা যেতে পারে।

Interpretation Services

We can arrange to have an interpreter present to help complete this form. Please tell us what your first language is

Fraud Prevention

Please help us to make sure Housing and Council Tax Benefit is only paid to those who are entitled to receive it. If you suspect someone is committing Benefit fraud, you can contact us in confidence on 0800 3280572. Alternatively, the National number is 0800 854440.

Do you have a partner who normally lives with you?
 By partner we mean a person you are married to, or have a civil partnership with, or a person you live with as if you were their husband, wife, or civil partner.
 (A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.)

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

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
National Insurance (NI) number	<input type="text" value=" / / / / /"/>	<input type="text" value=" / / / / /"/>
	If you do not have a National Insurance Number, or cannot find it, tick this box <input type="checkbox"/>	If you do not have a National Insurance Number, or cannot find it, tick this box <input type="checkbox"/>
At your new address are you (please tick one box):	a council tenant? <input type="checkbox"/>	an owner-occupier? <input type="checkbox"/>
	a private tenant? <input type="checkbox"/>	a housing association or social landlord tenant? <input type="checkbox"/>

	You	Your partner
New address, including room number if you have one Do not tell us your partner's address if it is the same as yours.	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
What date did you move to this address?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
Your daytime phone number	Code <input type="text"/> Number <input type="text"/>	Code <input type="text"/> Number <input type="text"/>
What is this number? Please tick.	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>

This section is about other people that usually live with you and your partner. **Do not** tell us about people who just share a hall, bathroom or toilet with you. Nor should you enter the names of any Joint Tenants you share the property with in this section. Their details are required in Part 4 of this form. If you need to tell us about more than three people, please use a separate sheet of paper. If you are sending a separate sheet of paper, please tick this box.

Apart from you, your partner and children for whom you receive Child Benefit, does anyone else live with you?

- No Go to **Part 3**.
 Yes Go to the next question.

Do any adults, including any adult children, usually live with you and your partner?

By *adults* we mean people 16 or over for whom Child Benefit is not in payment.

- No Go to **Part 2A**.
 Yes Go to the next question.

Are any of the adults that live with you and your partner boarding or lodging with you?

- No Go to **Part 2A**.
 Yes Complete this section.

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much rent or money for board and lodgings do they pay to you or your partner?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Does this amount include:	<input type="checkbox"/> All meals <input type="checkbox"/> Breakfast <input type="checkbox"/> Breakfast & evening meal <input type="checkbox"/> No meals <input type="checkbox"/> Heating	<input type="checkbox"/> All meals <input type="checkbox"/> Breakfast <input type="checkbox"/> Breakfast & evening meal <input type="checkbox"/> No meals <input type="checkbox"/> Heating	<input type="checkbox"/> All meals <input type="checkbox"/> Breakfast <input type="checkbox"/> Breakfast & evening meal <input type="checkbox"/> No meals <input type="checkbox"/> Heating

Part 2A About other people that live with you *continued*

In this section, please answer all of the following questions about other people that live with you and your partner.

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

Some examples are mother, father, aunt, sister, uncle, brother, grandfather, grandson, grandmother, granddaughter, son, daughter, step son or daughter, joint owner, sub-tenant or friend.

Are any of the people who normally live with you married to each other, or living together as if they were married?

- | | | |
|------------------------------|------------------------------|------------------------------|
| No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

We call these people partners as defined on page 3 of this application form.

<input type="text"/>	Is the partner of	<input type="text"/>
<input type="text"/>	Is the partner of	<input type="text"/>

	First person	Second person	Third person
Do they get Income Support or Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in receipt of higher rate Disability Living Allowance or Severe Disability Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they registered blind? If yes, please provide proof.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>
Are they in legal custody at the moment? (i.e. bail or prison)	No <input type="checkbox"/> Yes <input type="checkbox"/> We will contact you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We will contact you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We will contact you about this.
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
When did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they due to come out (if you know)?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do they normally work for 16 hours or more per week?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £ Please supply proof of their earnings.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £ Please supply proof of their earnings.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £ Please supply proof of their earnings.
Do they have any other income?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us in this section as well as interest from savings, investments and/or capital.			
Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £

Have you been placed in Bed & Breakfast or Hostel accommodation by Cambridge City Council's Housing Advice Team?

No
 Yes If yes, go to Part 9.

Do you rent your home?

No Go to Part 9.
 Yes You must complete this section.

Who is your Landlord?

Private Landlord, Housing Association or Registered Social Landlord? **Fill in this section.**
 Council - Go to Part 4.

Do you own your home or have a mortgage?

No You must complete this section.
 Yes Go to Part 9.

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"/>	Bed and Breakfast	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Studio flat	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Other - give details	<input type="text"/>				

Do you and your household only occupy a bedsit or rooms in a building?

No
 Yes

If yes, how many rooms do you rent?

If you do rent a room or rooms in a building where are they located?

At the front In the middle At the back

How many floors are there in your property?

Which floors do you live on?

For example, ground floor, first floor.

Are you responsible for the inside decoration?

No
 Yes

Does your home have a garage which is allocated to you?

No
 Yes

Was your property let to you:

Furnished
 Part Furnished
 Unfurnished

Does your home have a parking space which is allocated to you?

No
 Yes

Does your home have central heating?

No
 Yes

Does your home have a garden?

No
 Yes

When completing the next question please take note of the following:

All three columns must be completed in **all** circumstances.

By 'the whole property' we mean the whole of the property you occupy. For example, if you live in a block of flats you should complete the number of different rooms there are **just in your flat** in the 'whole property' column.

If you live in shared accommodation, you must indicate the total number of bedrooms in the property in the 'whole property' column, and then go on to confirm how many bedrooms you have sole access to in the 'Just for you and your household' column.

How many rooms are there in your property?	In the whole property	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"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you use your home for business?

No

Yes We will write to you regarding this.

Do you have another home or property?

No Go to **Part 4**.

If you have another home or property somewhere else in the UK or abroad, tick **Yes**, even if you do not pay rent for it.

Yes We will write to you regarding this.

What is the address?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Do you pay rent on your **second** home?

No

Yes How much £

When did you start renting your home?

When did you move to this address? We are aware these dates may differ.

If you have not moved in yet, tell us when you expect to move in. **You will then need to confirm in writing the date you actually moved in.**

Do you pay rent to a Housing Association or Private Landlord? No Go to Part 9.
 Yes Answer the next question.

What sort of tenancy do you have?
 For example, shorthold, assured tied rent or something like this.

Is your tenancy for a fixed length of time? No
 Yes

If yes, how long is the tenancy for? to

How much rent do you pay and how often? £ every
 For example, every week, every fortnight, every four weeks, monthly.

Are you a joint tenant? No If yes, how many other tenants do you share the rent with?
 Yes

Please provide their names here:

What is your Landlord's full name and business address?
 By *landlord* we mean the person or organisation who owns the property you live in.

 Postcode

If your Landlord has an agent, tell us their full name and address.
 By *agent* we mean the person or organisation you actually pay your rent to.

 Postcode

Is anyone in your household related to your Landlord or their partner? No
 Yes What is the relationship?
 is my Landlord's or agent's

Related includes through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, mother, father, son, daughter, brother, sister, grandfather, grandmother, uncle, aunt, niece, nephew, step father, step mother, step son, step daughter, son-in-law, daughter-in-law, father-in-law, mother-in-law.

For Housing Benefit you can choose to receive payments yourself or have them paid directly to your Landlord, with his or her agreement.

Part 5 How you will be paid and the choices you have

- If you are awarded Council Tax Benefit, we will credit this to your Council Tax Account to reduce your bill. Where required, a new bill will be issued to you, to notify you of the monthly payments you need to make.
- If you are a council tenant, we will pay any Housing Benefit you are awarded into your rent account.
- If you are **not** a council tenant and are awarded Housing Benefit, in most cases you can choose where to have your money paid. We can arrange to pay your money:
 - direct to you or,
 - direct to your Landlord.

You **must** choose one of the following options:

If entitled to Housing Benefit:

- Would you like it to be paid:
- To yourself? Please enter your bank, building society or Post Office details below.
- To your Landlord? Please complete Part 6 opposite.

Account name

(as it appears on cheque books or bank statements)

Is it a Bank, Building Society or Post Office Account?

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you are entitled to Housing Benefit, it will be paid directly into this Account by bank transfer, or by cheque.

Housing Benefit is normally paid by cheque or Bank Transfer to the person claiming. If you would like your Benefit payments to be made to your Landlord or your agent, this form needs to be completed.



To have your Benefit paid to your Landlord, please complete Section 1 of this form **yourself** and then **tear out this page** of the form and ask your Landlord to complete and sign **Sections 2 and 3**, before returning this form to us. Please note that we are unable to make payments to your Landlord without their authorisation.

Do not wait to have this page completed before submitting your application form. If you do, you may lose out on Benefit.

Section 1. To be completed by the tenant

Landlord's Name:
Landlord's Address:
Tenant's Name:
Tenant's Address:
Contact Telephone Number:

- I understand that I must pay any rent that is not covered by my Housing Benefit direct to my Landlord.
- I understand that I must tell you about any changes in my circumstances that may affect my Housing Benefit.
- I understand that if I do not tell you about any change in circumstances and you pay me too much Benefit because of this, I may have to pay the extra Benefit back.
- I understand that I may be prosecuted if I do not tell you about any change in circumstances.

Your signature: Date:

Section 2. To be completed by the tenant's Landlord or agent.

I understand that:

- I must tell you about any changes that may affect the Benefit entitlement of the tenant(s).
- You can stop paying Benefit to me if I do not tell you about any changes in circumstances.
- I will repay any overpayment that is recoverable from me to which the tenant is not entitled.
- If you have paid me too much Benefit for any tenant and you claim back the overpayment from an unrelated tenant's Benefit, I will treat the unrelated tenant's rent as being paid in line with Section 75(5)(b) of the Social Security Administration Act 1987, as detailed in Regulation 107 of the Housing Benefit Regulations 2006.
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to receive.

If you are acting on behalf of the owner of the property concerned, please give their name and address below, telling us your role; for example, agent or representative.

Owner's name:

Owner's Address:

Agent/Representative Name:

Address:

Your signature: Your name: (please print)

Section 3. To be completed by the tenant's Landlord or agent.

Housing Benefit payments to Landlords will be paid by Bank Transfer. In order to make payments to you by this method we need your bank details. Please enter these in the space below.



Account Name (as it appears on cheque books or bank statements)

Is it a Bank or Building Society Account?

Account Number

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Branch Sort Code

--	--	--	--	--	--	--

Landlord's Name:

Landlord's Address:

In case of any problems with a BACS payment, please enter a contact name and phone number or e-mail address below so that we can contact you:

Name:	
Phone:	
E-mail:	

Housing Benefit Overpayments - Recovery from Landlords

As well as recovering Housing Benefit overpayments from a tenant's ongoing entitlement, The Housing Benefit Regulations provide for deductions to be made under the premise of a 'Blameless Tenant'.

'Blameless Tenant' recovery is where a Landlord Overpayment has occurred for one tenant and we are still paying you Housing Benefit for other current tenants. To recover the debt, we will reduce the amount of benefit we pay you for your current tenants. Details of recovered overpayments will show at the end of the payment schedules you will receive.

You will have one month to request an appeal. If you put in an appeal against an overpayment within this time limit, we will suspend any recovery until the appeal has been dealt with.

If after one month you have not made an appeal, we will check if you have current tenants who we pay you Housing Benefit for and then reduce the amount of Benefit we send you for those tenants.

When we recover a debt by this means, the law states that you must treat current tenants as having paid their rent to the value of that recovery. You cannot pursue them for this amount.

In all overpayment instances you will receive an overpayment letter telling you about the overpayment and an invoice providing you with methods of repaying the balance due.

If we are not paying you Housing Benefit for any other tenants, and the debt remains unpaid, we will usually take action via the County Court to recover the balance owed.

Once completed, please return to:

**Cambridge City Council, Revenue Services (Benefits),
FREEPOST PO Box 130, Cambridge CB2 1BR**

Sharing information with your private Landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

Under the Data Protection Act 1998 we need your permission to do this.

If you give us permission by signing this form, we will only share information with your Landlord if:

- you have agreed that your Housing Benefit can be paid direct to your Landlord.

If you give us permission, we would be able to tell your Landlord whether:

- you have claimed Housing Benefit,
- we have made a decision on your claim, or
- we need more information to make a decision on your claim, and what that information may be.

We will not give your Landlord any information about:

- **your personal or household circumstances, or**
- **your financial circumstances.**

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your Landlord.

If you want to give us permission to discuss your claim with your Landlord, please sign below.

I give Cambridge City Council permission to share information about the progress of my Housing Benefit claim with my Landlord or their representative.

Signature

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Full name
(in CAPITAL
LETTERS)

Date

This form should only be used when you do not have a formal tenancy agreement.

If you do not have a tenancy agreement, please **tear out this page** and ask your Landlord to complete and sign this form for you as soon as possible.



Please note that we are unable to process your claim without this information.

Do not wait to have this page completed before submitting your application form. If you do, you may lose out on Benefit.

Tenant's Name		
Tenant's Address		
Housing Benefit Reference No.		
What date did the tenant move in?		
What date did the tenancy start?		
How long is the tenancy?		
What is the gross rent payable by this tenant?	£	
Is this a joint tenancy? Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, what percentage of the full rent does he/she pay?		%

How often is the rent due? Weekly/Fortnightly/4 Weekly/Calendar Monthly
Other - please state:

Does the rent include any money for the following?

Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Hot Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Fuel for Cooking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Water Rates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Other Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£

Landlord's Declaration:

I **certify** that the tenant named overleaf has a liability to pay rent for the property described.

I **confirm** that the rent and services shown in this statement are those currently due and payable.

I **know** I must inform the Council of any changes in my tenant's circumstances which I become aware of that might affect their claim.

I **know** that if I provide incorrect or incomplete information this may result in prosecution.

To the Landlord/Agent

Please help the applicant by completing these details as soon as possible. Please return this form direct to your tenant, or post to the address below:

**Cambridge City Council
Revenue Services (Benefits)
Freepost PO Box 130
Cambridge CB2 1BR**

Please use this space to tell us anything else you think we should know about.
Use a separate sheet of paper and attach it to this form if you need to.

If you are sending any separate sheets of paper with this form, tell us how many.

If you have nothing to add, please go to Part 10.

Please tick to say what evidence you are sending with this form. We must see **original documents**, not copies. If you can, bring them to Mandela House. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

If you do not provide all the evidence we need, we might not be able to pay you any Benefit. We need the same evidence for your partner, if you have one.

- **Evidence of identity**
Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.
- **Evidence of your address**
Such as a recent gas or electricity bill, TV licence or bank statements.
- **Evidence of National Insurance number**
Such as a National Insurance number card, payslips or letters from Jobcentre Plus, the Pensions Service or the tax office.
- **Evidence of capital, Bank and/or Building Society Accounts and investments**
Such as all your Bank, Building Society or Post Office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. We need to see this evidence for children in your household as well. The evidence you send must show details for at least the last two months.
- **Evidence of earnings**
We also need this for any other adults living in your home.
This means a certificate of earnings form, your last five pay slips if you are paid every week, your last three pay slips if you are paid every two weeks, or your last two pay slips if you are paid every month. If you or your partner are self-employed, we need to see your accounts for the last financial year. If you have been trading for less than six months, or you do not have your accounts, please complete a profit and loss declaration form.
- **Evidence of other income**
We also need this for any other adults living in your home.
Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.
- **Evidence of Benefits, allowances or pensions**
We also need this for any other adults living in your home.
Such as current award notices or letters from Jobcentre Plus or the Pensions Service confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.
- **Evidence of private rent and tenancy**
Such as a rent book, rent receipts, a tenancy agreement or a letter from your Landlord. Please note that a combination of these items may be required to complete your claim.
- **Evidence of other money paid out**
Such as letters about student grants or maintenance, agreements or receipts from registered child carers.

DO NOT DELAY returning the form, if you do not have all the information required. Send in the form and let us know when you will send the missing items. Benefit is normally paid from the Monday after we receive the form. The address to send your application to is on the back page of this form.

We will use the information you give in this form, and any supporting evidence you send, to process your claim for Housing Benefit and Council Tax Benefit. The information you have provided will be held and disclosed in accordance with the Data Protection Act 1998.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenue and Customs, as allowed by the Law.

By law we may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

- **make sure the information is accurate**
- **prevent or detect crime**
- **protect public funds**

These third parties include government departments, other local authorities and private-sector organisations such as banks and organisations that may lend you money.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this.

We, Cambridge City Council, are the data controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use that information, please ask us.

Part 12 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form should allow us to process your claim more quickly, but they do not have to sign.

Please read this declaration carefully before you sign and date it.

- **I declare** that the information I have given on this form is correct and complete, and I will let you know in writing about any change in my circumstances that might affect my claim.
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I agree** that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the Law.
- **I understand** that 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, and that you may share this information with other bodies administering public funds solely for the purpose of preventing and detecting fraud.

Signature of person claiming Date

Partner'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 for the person claiming
 I declare that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct, and that I have read and explained the Declaration to the person claiming this benefit.

Name of the person who filled in the form

Signature

Relationship to the person claiming Date

The address to send your application to is on the back of this form.

By Post:

Cambridge City Council
Revenue Services, (Benefits)
FREEPOST PO Box 130
Cambridge
CB2 1BR

In Person:

Revenue Services Advice Centre
Mandela House
4 Regent Street
Cambridge
CB2 1BY

By Telephone:

Surnames A-F	(01223) 457786 / 457778
Surnames G-N	(01223) 457774 / 457775
Surnames O-Z	(01223) 457785 / 457693
Fax	(01223) 457709
Minicom	(01223) 457050

By Email: benefits@cambridge.gov.uk

Via the Internet: www.cambridge.gov.uk

Fraud Prevention

Please help us to make sure Housing and Council Tax Benefit is only paid to those who are entitled to it. If you suspect someone is committing Benefit fraud, you can contact us in confidence on: 0800 3280572 or alternatively, the national number is: 0800 854440.