



Housing & Council Tax Benefit

CHANGE OF CIRCUMSTANCES FORM

NAME	
ADDRESS	
TELEPHONE NUMBER	
CLAIM NUMBER	

Earnings: Please list details of all household earnings received from employment/self employment.

Name of Household Member	Name of Employer	Salary Paid	Hours Worked	Date Employment Started

If you have just started work do you expect your employment to last at least 5 weeks?
 Yes No

Are you self-employed, Yes No . If 'yes' and you do not have certified accounts, please request a proforma.

Benefits: Please list below details of all household benefits received.

Name of Household Member	Benefit Received	Amount Received	Payment Frequency i.e. (weekly/monthly)	Date Benefit Started

Other Income: Please list details of any other household income received.

Name of Household Member	Other Income Received	Amount Received	Payment Frequency i.e. (weekly/monthly)	Date Other Income Started

Do you have any Childcare Costs?

Yes No - If yes, you will have to provide proof of these payments.

Savings/Investments:

Please list details of all household bank accounts, building society accounts, premium bonds, income bonds, capital bonds, national savings products, property/land and any other savings and investments held.

Name of Household Member	Type of Savings	Account Details or Address of Property/Land	Amount Held/ Value of Property/Land

Details of any other Change in Circumstances:

Please tick the box to show which change you are reporting and the date the change took place.

Household	Rent	Other Changes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give details of the change/changes, continue on a separate sheet if required and attach it to this form.

Declaration: Please read the following declaration carefully, sign and date the form and return it to the address below.

Remember if you deliberately give false or incomplete information you are likely to be prosecuted.

I declare the information given on this form is true and complete to the best of my knowledge. I agree Cambridge City Council can make any enquiries to check the information on this form.

I agree to inform the Benefits Service of Cambridge City Council IMMEDIATELY if any information I have given, changes.

Your Signature

Date

--	--

**Cambridge City Council
FREEPOST PO Box 130
Cambridge
CB2 1BR**