



Change of Address

for existing Housing Benefit and/or Council Tax Support claims

Please complete this form if you are moving or have moved address.
The information on this form should all be about your new address. Please be aware that Housing Benefit cannot normally be awarded for a period before you have moved in.

■ Please complete this form in full and in BLACK ink and place a tick in the relevant boxes.

If you are completing this form in advance of your moving date you will need to ring us on 01205 314202 to confirm your actual moving date.

Title:

Last name:

First names:

New address:

Postcode:

Address of property you have moved from:

FOR OFFICIAL USE ONLY

Date issued: Initials:

Claim number:

Date of birth:

National Insurance 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"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Telephone number:

Email address:

If you have sold your previous property or bought a new property you will need to provide evidence of the proceeds of sale documentation and/or completion statement.

Date you moved / will move out of previous property:

Date tenancy ends at previous property (if applicable):

Date notice given on old tenancy (if applicable):

What is the period of notice required by your landlord at your previous address?

Up to what date will you be charged rent?
Please provide documentary evidence of this.

Please give the reason why you have moved?

If there is a gap between your move out and move in date, please provide an explanation for this:

What date were you offered your new tenancy?

What date did you accept your new tenancy?

What date did your new tenancy start?

Date you moved / will move into new address:

When did you complete the purchase of the property (if applicable)?

PART 1 - Who else lives with you?

Please list all of the people who will be living with you at your new address. Please use an additional sheet or continue at Part 6 if necessary.

| Full name | Relationship to you (for example, partner) | Date of birth | National Insurance Number (if applicable) | Date moving in/moved in |
|-----------|-----------------------------------------------|---------------|----------------------------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Does anyone else regularly stay with you?

No

Yes If Yes, please give details at Part 6

If someone who previously lived with you has not moved with you to your new address, please provide us with their full name, the date they left your property and their forwarding address.

If someone new has moved into your household, please provide us with their former address and the date they left it.

PART 2 - About your new property

Do you pay rent or ground rent for your home?

No If No, go to Part 6

Yes If Yes, you will need to provide us with an original copy of your new tenancy agreement/rent book/letter from your landlord.

Please complete the following table:

| Type of room | How many in the whole building | How many just for you and your household | How many you share with other people |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------|--------------------------------------|
| Living rooms | | | |
| Bedrooms | | | |
| Bathrooms or shower rooms | | | |
| Toilets (separate) | | | |
| Kitchens | | | |
| Bedsitting rooms | | | |
| Other rooms (specify type below) | | | |
| | | | |
| | | | |
| If you rent a room only, where in the building do you live? | | | |
| <input type="checkbox"/> At the front <input type="checkbox"/> In the middle <input type="checkbox"/> At the rear <input type="checkbox"/> Left <input type="checkbox"/> Centre <input type="checkbox"/> Right | | | |

Do you make any payments towards part ownership of your property?

No

Yes

Do you pay rent to Platform Housing Group?

No

Yes If Yes, we will pay any housing benefit direct to your landlord

Do you lease your property?

No

Yes If Yes, how long is your lease for?

What sort of building do you live in? (Please tick one box only.)

House

Is it detached, semi detached or terraced?

Bungalow

Is it detached, semi detached or terraced?

Flat

Is it in a block or over a shop?

Bedsit or room

Is it in a house, B&B or hotel?

Caravan

Is it a static or touring van?

Park home

Other, for example, hostel (please state what it is):

Are there any periods during the year when you cannot occupy the property?

No

Yes

If Yes, confirm the dates you will not be resident:

Does your home have:
(Please tick)

Central heating?

A garage?

A garden?

A parking space?

Is the property let as:
(Please tick)

Furnished?

Partly furnished?

Unfurnished?

Are you responsible for the internal decoration of the property?

No

Yes

How many floors are there in the building?

Which floors do you live on (if applicable)?

Do you need an additional bedroom? For example, for an overnight carer or disabled child.

No

Yes If Yes, please give details at Part 6 and provide medical evidence.

PART 3 - About rent

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. This could be your tenancy agreement, a rent book or a letter from your landlord.

What is the full rental charge that you pay and how often do you pay it?

£ every

(For example, every week/fortnight/4 weeks/month.)

When is the next rent increase due?

Does anyone else share the rent with you and your partner?

No

Yes If Yes, tell us their names and their relationship to you and your partner. Please confirm how much of your full rental charge they pay. Continue at Part 6 if necessary.

Do you have any weeks when you do not have to pay rent?

No

Yes If Yes, how many weeks?

Are any of the following services or charges included in your rent?

| | | | |
|-----------------------------------------------------|------------------------------|----------------------------------------|----------------------------------------------------------|
| Meals? | No <input type="checkbox"/> | Which meals (please tick)? | Breakfast <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | | Lunch <input type="checkbox"/> |
| | | | Evening meal <input type="checkbox"/> |
| Water charges? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Heating? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Lighting? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Hot Water? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Fuel for Cooking? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Laundry? | No <input type="checkbox"/> | | Please specify: |
| | Yes <input type="checkbox"/> | | Bed Linen <input type="checkbox"/> |
| | | If Yes, how much per week? | Personal <input type="checkbox"/> |
| | | £ <input type="text"/> | |
| Cleaning of rooms? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Cleaning of windows? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Gardening? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Garage or Parking space? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Is your Garage or Parking space charged separately? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Personal care and Support? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, how much per week? | £ <input type="text"/> |
| Television? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, is it in your own room? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | | or communal lounge? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Anything else? | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | If Yes, please give details at Part 6. | |

Has your rent been registered as a fair rent by a 'rent officer'?

No

Yes If Yes, please send the fair rent document.

Are you behind with your rent?

No

Yes If Yes, how many weeks?

Is your landlord resident at your address?

No

Yes

What is your landlord's name and business address?

By landlord we mean the person or organisation who owns the property you live in.

If your landlord has an agent, tell us their full name and address:

By agent we mean the person or organisation you actually contact about your tenancy.

Can we contact your landlord or agent or speak to them about your claim?

No

Yes If Yes, we will not give your landlord or agent any information about your personal or household circumstances or your financial circumstances.

Are you, your partner, or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner?

No

Yes

is my
landlord's or
agent's

Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson grandmother, son-in-law or stepdaughter.

If either your landlord or agent is a company, are you associated to that company in any other way?

No

Yes If Yes, please tell us how at Part 6.

PART 4 - Payment of Housing Benefit

Housing benefit will be paid into your account.

Name of bank or building society:

Name the account is in:

Sort code:

Account number:

Building society roll number
if applicable:

Would you like us to pay your
housing benefit direct to your
landlord? (We can usually only do
this in certain cases.)

No

Yes

In some circumstances we may be able to pay your landlord direct. We can do this if you rent from the Council or a Housing Association. However, if you rent from a private landlord we need you to tell us why you need to have your Housing Benefit paid direct to your landlord.

If you would like your landlord to be paid direct please tick this box and give full reasons with as much detail as possible, along with your landlord's account details at Part 6.

PART 5 - Income and capital

Please tell us if your household income or savings have changed. With regard to capital it is especially important that you tell us if your savings have increased substantially. Please make sure that you tell us if your total savings reach one of the benefit thresholds of £6000, £10,000 or £16,000.

Has your income or
capital changed?

No

Yes If Yes, please tell us about the changes at Part 6

Please note, it is your responsibility to tell us about any changes which you have had since your last declaration. If you fail to tell us, it may result in you losing money or having to repay an overpayment.

PART 6 - Anything else you would like to tell us.

Please remember to tell us if any of your financial or household circumstances have changed along with the date that the changes happened.

PART 7 - Declaration

I understand the following:

- If I give information that is incorrect or incomplete, action may be taken against me.
- You will use the information I have provided to process my claim for Housing Benefit and Council Tax Support, or both. You may check some of the information with other sources within the council, rent offices and other councils.
- 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 government organisations, if the law allows this.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Should this change of address result in entitlement to either Housing Benefit and/or Council Tax Support, please treat this as my intention to make a claim and issue the appropriate forms. I understand that my application for Housing Benefit and/or Council Tax Support will not be treated as made until the appropriate form is returned to the designated office.

I know I must let the benefit department at the Council know about any changes in my circumstances which might affect my claim.

I declare that the information I have given on this form is correct and complete.

Your information will be processed in accordance with the law, in particular the Data Protection Act 1998. The information that you provide will only be used for Council purposes unless there is a legal authority to do otherwise.

Signature of person
claiming / applying:

Date:

Signature of partner:

Date:

If this form has been filled in by someone other than the person claiming, please give details and ask them to sign below. 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 details I have written on the this form are correct.

Name of person who filled in the form

Signature of the person

Relationship to the person claiming

Date (ddmmyy)

Please return along with any necessary proofs to:

Email: BBCRevs.Bens@pspsl.co.uk

Post: Municipal Buildings, West Street, Boston, Lincs, PE21 8QR

For enquiries:

Tel: 01205 314202

Web: www.mybostonuk.com

If you suspect anyone of Council Tax Support fraud, please telephone our 24 HOUR FREEPHONE hotline: 0800 002 008. If you suspect anyone of Housing Benefit fraud, please telephone our 24 HOUR FREEPHONE hotline: 0800 854 440.

Any information you provide in response to this correspondence will be processed by Public Sector Partnership Services Ltd on behalf of the data controller, Boston Borough Council.

We have a legal responsibility to administer claims for Housing Benefit and Council Tax Support, and this forms our legal basis for processing your information. We may also share this information with other public bodies responsible for auditing or administering public funds, and with other suppliers we commission to support us with our duties.

Please refer to our website <https://www.mybostonuk.com/privacy-notice/> for more information relating to how your information is processed and your rights as a data subject.

