

NEWARK AND SHERWOOD DISTRICT COUNCIL

CHANGES OF CIRCUMSTANCES FORM

Please keep this form in a safe place so that you can use it to notify us immediately when a change in your circumstances occurs. If the change means that your Benefit increases you must let us know straight away or you may lose out on Benefit.



Full Name: _____
 Address: _____

 Tel No: _____
 Ref No: _____

Office Use Only Date Received:

Please tick appropriate box and give date of change, along with further details if appropriate

* I am in receipt of Income Support with effect from: _____

* I am no longer in receipt of Income Support with effect from: _____

* I commenced employment on: _____

* I ceased employment on: _____

* My income changed on: _____
 Source of income: _____
 Amount per week: _____ (please provide documentary evidence)

* I am no longer in receipt of child Benefit with effect from _____
 in respect of _____ Please give reason: _____

* Someone joined my household on: _____
 Their name is: _____
 Date of Birth: _____
 What relationship (if any) are they to you? _____

Questions 1-7 – Please answer Yes or No

- | | | YES/NO |
|----|--|---------|
| 1. | Is this person your partner? | _____ |
| 2. | Are they in receipt of Income Support? | _____ |
| 3. | Are they on a Training Scheme ? | _____ |
| 4. | Are they a boarder? | _____ |
| 5. | Are they registered Blind? | _____ |
| 6. | Are they in receipt of Attendance Allowance? | _____ |
| 7. | (a) Are they in employment? | _____ |
| | (b) Their gross weekly wage is | £ _____ |
| | (c) Interest received from savings | £ _____ |
| | Received per year/6 monthly/monthly | _____ |
| | (please state) | _____ |

Please turn over

* Someone left my household on: _____
Their name is: _____
Their forwarding address is: _____

(Private tenants only)

* My rent increased on _____
From: _____ per _____
To: _____ per _____
*(please enclose proof of increase)

* I have been awarded Working Tax Credit and/or
Child Tax Credit
From: _____
Weekly amount: _____
I received my first payment on: _____
*(please enclose your letter of notification) _____

* I am moving to another address on: _____
My forwarding address is: _____

* Any other change in circumstances: _____
Date of change: _____
Please give details _____

DECLARATION (please read carefully)

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE IN ALL RESPECTS.

Warning: Any person who provides false statements, information or documents at the time of or in support of his or her claim or who continues to receive Benefit when he or she knowingly fails to inform the Council of any relevant change of circumstances which occurs after the claim is made, will be liable to prosecution under the Theft Act 1968 or Social Security Act 1986.

Signed: _____
Date: _____

Please return to:

Newark & Sherwood District Council
Kelham Hall
Kelham
NEWARK
Notts
NG23 5QX
Tel: 01636 650000