Housing Benefit and Council Tax Support Change of Address Form

Fill in this form if you are getting Housing Benefit or Council Tax Support in Derby and you are

moving straight to another address within Derby City Council boundaries

If you don't have a current claim with Derby City Council or there is a break between your

tenancies, please make a new online claim at [www.derby.gov.uk](http://www.derby.gov.uk)

**Section 1 Your details**

|  |  |
| --- | --- |
| Full Name | |
| Telephone number | Email address |

|  |  |  |  |
| --- | --- | --- | --- |
| New Address | | Previous Address | |
| Date you moved in | DD/MM/YYYY | Date you moved out | DD/MM/YYYY |

|  |  |
| --- | --- |
| If you rented your old address, tell us when your tenancy ended | DD/MM/YYYY |
| If you rent your new home, tell us when your tenancy started | DD/MM/YYYY |
| Are you in Board and Lodge or Supported Accommodation? | **Yes/No** |
| Do you own your new home? | **Yes/No**  If Yes, go to section 3 |
| Do you rent your home from Derby Homes? | **Yes/No**  If Yes, go to section 3 |
| Do you receive Universal Credit? | **Yes/No**  If Yes, go to section 3 |

**Section 2 Rent**

|  |  |  |  |
| --- | --- | --- | --- |
| Landlord Name | | Agent Name (if you rent through a letting agent) | |
| Landlord Address | | Agent Address | |
| Landlord telephone number | | Agent telephone number | |
| Landlord email address | | Agent email address | |
| Are you, or any member of your household or family, related to your landlord or managing agent (Including relationship by marriage, even if the marriage is now ended?) | | **Yes/No**  If Yes, how are you related? | |
| Is your landlord your former partner? | | **Yes/No** | |
| Have you or your partner ever owned this property? | | **Yes/No**  If Yes, was this less than 5 years ago? | |
| Do you work for your landlord? | | **Yes/No** | |
| Does your landlord live in the property you rent? | | **Yes/No** | |
| Are you charged rent for this property? | | **Yes/No** | |
| If Yes how much is your rent? | £ | Weekly/Monthly/other please state |  |
| Are you charged ground rent? | | **Yes/No** | |
| If Yes, how much is your ground rent? | £ | Weekly/Monthly/other please state |  |
| Do you have any rent free weeks? | | **Yes/No**  If Yes, please give dates of rent free weeks | |
| Are you a joint tenant? | | **Yes/No** | |
| If Yes give the name(s) of the joint tenant | |  | |
| What proportion of the rent charge do you have to pay? | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are any services or meals included in your rent? | | | | | Yes/No  If Yes, please complete the details below | | |
| **Services** included in the total rent charge | | | | | Please tick all that apply | Charge  £ | |
| Water charges | | | | |  |  | |
| Council Tax | | | | |  |  | |
| Cleaning, heating, lighting of halls, stairs and passageways | | | | |  |  | |
| Cleaning (not halls, stairs and passageways) | | | | |  |  | |
| Lighting (not halls, stairs and passageways) | | | | |  |  | |
| Heating (not halls, stairs and passageways) | | | | |  |  | |
| Hot Water | | | | |  |  | |
| Fuel for cooking | | | | |  |  | |
| Telephone calls | | | | |  |  | |
| Personal laundry | | | | |  |  | |
| Laundering of bed linen | | | | |  |  | |
| Satellite/Cable TV | | | | |  |  | |
| Room cleaning | | | | |  |  | |
| Window Cleaning | | | | |  |  | |
| Television Licence | | | | |  |  | |
| Physical Care – we may write to you for more information | | | | |  |  | |
| Counselling & Support – we may write to you for more information | | | | |  |  | |
| Other – Please give details | | | | |  |  | |
| **Meals** included – please tick whichever applies | | | | | | | |
| Breakfast only |  | Part board (any other number of meals) |  | Full board (at least three meals every day) | | |  |

**Is your accommodation let as -**please tick whichever applies

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Unfurnished? |  | Minimally furnished? |  | Partly furnished? |  | Furnished? |  |

**What sort of building do you live in-please tick**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Detached House |  |  | Flat in a House |  |  |
| Semi-detached House |  |  | Flat in a Block |  |  |
| Terrace House |  |  | Flat over a Shop |  |  |
| Maisonette |  |  | Bedsit or Rooms |  |  |
| Bungalow |  |  | Hostel |  |  |
| Caravan or Mobile Home |  |  | Board and Lodgings |  |  |
| Hotel |  |  | Residential Nursing Home |  |  |
| Residential Care Home |  |  | Bedsit or room (s) in a house |  |  |
| Houseboat |  |  | Other (please specify) |  |  |

**How many floors are there in the building?**

|  |
| --- |
|  |

**On which floor is your accommodation? State all that apply**

|  |
| --- |
|  |

**If you live in a bedsit or room and were to stand in front of the building facing it, where would the bedsit or room be?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Front |  | Middle |  | Back |  | Left hand side |  | Right hand side |  |

**How many rooms are there in the building?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | In the whole building | Just for you and your household | That you share with other households |
| Living Room |  |  |  |
| Bedsitting rooms |  |  |  |
| Bedrooms |  |  |  |
| Bathrooms |  |  |  |
| Separate Toilets |  |  |  |
| Kitchen |  |  |  |
| Other rooms (please specify) |  |  |  |
| Do you have central heating? | | | Yes/No |
| Do you have a garden? | | | Yes/No |
| Do you have the use of a garage? | | | Yes/No |
| If 'yes' do you have a choice to rent the garage | | | Yes/No |
| Do you have off road parking? | | | Yes/No |
| Do you have to give notice when you leave  If 'yes' how much notice? | | | Yes/No |
| Do you use your home for business? | | | Yes/No |
|  | | | |
| **Can we discuss you claim with your landlord or their agent?** | | | Yes/No |
| Please sign here to say we can do this  Signed: | | | |

We will need to see proof of your rent charge, such as your tenancy agreement – or you can ask your Landlord to complete the proof of rent form.

**Section 3 Other changes**

**Please tell us the names of everyone who lives at your new address**

|  |  |  |  |
| --- | --- | --- | --- |
| Adults aged 18 or over | Date they joined your household | Children | Date they joined your household |
|  | DD/MM/YYYY |  | DD/MM/YYYY |
|  | DD/MM/YYYY |  | DD/MM/YYYY |
|  | DD/MM/YYYY |  | DD/MM/YYYY |
|  | DD/MM/YYYY |  | DD/MM/YYYY |

**Did anyone move into the new address with you that did not live with you at your old address?**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | | Relationship to you | |
| Date of Birth |  | National Insurance number |  |
| Tell us where they were living before | |  | |

**Did anyone leave your household when you moved?**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | | Relationship to you | |
| Date of Birth |  | National Insurance number |  |
| Tell us where they live now | |  | |

**Please tell us below if there are any other changes to your circumstances, or any other information you need to tell us about your change of address**

|  |  |
| --- | --- |
| Change details: | |
| If this change happened before you moved home, please tell us the date of the change: | DD/MM/YYYY |

## *If you have told us about other changes as well as the change of address, we will need proof before we can decide how much benefit you can get. We may write to you about this*.

**Section 4 Payment**

**Housing Benefit**

*Tenants of Derby Homes*

We will pay your Housing Benefit weekly, direct to your rent account.

*Tenants of Housing Associations*

The law says that we may pay Housing Benefit either to the tenant or the landlord. This will normally be paid straight into a bank or building society account.

|  |  |
| --- | --- |
| I am a Housing Association Tenant and would like to receive Housing benefit directly to my bank account | **Yes/No**  **If 'Yes'** please complete the BACS details at the end of this form |
| I am a Housing Association Tenant and would like Housing Benefit to be paid direct to my Landlord | **Yes/No**  **If 'Yes'** we will make payments directly to the Bank Account of your landlord |

*Tenants of Private landlords*

The law says that in most cases we have to pay Housing Benefit directly to the tenant. This will normally be paid straight into a bank or building society account (BACS)

If we already pay Housing benefit straight into an account, we will continue to pay you by this method.

There are some special cases where we may decide to pay Housing Benefit directly to the landlord. This could be, for example, where we think that a tenant has difficulty managing their finances or will not use their Housing Benefit to pay their rent. We may also be able to pay directly to the landlord if the rent includes an amount for food.

|  |  |
| --- | --- |
| Are there any special reasons why you would like us to pay your Housing Benefit directly to your Private Landlord? | **Yes/No** |
| I**f 'Yes'** please complete a Local Housing Allowance direct payments form |
| **If 'No'** and we are not currently paying your Housing Benefit by BACS, please complete and sign the BACS details at the end of this form |

**Council Tax Support**

If you qualify for Council Tax Support, we will credit this to your Council Tax account.

**Second Adult Rebate**

If you qualify for Second Adult Rebate we will credit this to your Council Tax account.

(Pension age customers only)

**Do you need help with your claim?**

We cannot discuss your claim with anyone else unless you tell us who your helper is. It will help us when dealing with your claim if you also provide their contact details

|  |
| --- |
| Name of your helper |
| Helper address |
| Helper telephone number / email address |
| Please sign to confirm we can discuss your claim with your helper  Signed: |

**Please check all the information you have given and sign the declaration below**

I understand in signing this form, that if there is a new entitlement to Council Tax Support because of my change of address, you will treat the information provided as my claim for Council Tax Support.

I declare that the information given on this form is true and complete to the best of my knowledge and belief.

|  |
| --- |
| Signed:  Date: DD/MM/YYYY |

Please return this form to Derby Benefits, Derby City Council, The Council House, Corporation Street, Derby DE1 2FS

**Privacy Notice – Revenues, Benefits and Exchequer Services**

**How is your information used?**

We may use your information to: bill, administer and collect Council Tax; bill, administer and collect Business Rates; bill, administer and collect Business Improvement District (BID) levies; process and pay Housing Benefit, second adult rebate for pensioners, Council Tax Support, Discretionary Housing Payments and Council Tax Hardship; bill, administer and collect Housing Benefit overpayments; process applications for free school meals; bill, administer and collect Sundry Debts; process financial assessments relating to Home Care Charging and Residential Care Charging; investigate and prosecute Fraud; send you communications; ask agencies, government departments or other public bodies to give us information they have about you;  check information you have provided, or information about you that someone else has provided, with other information we hold;  get information about you from certain third parties, or give information to them to check the accuracy of information, prevent or detect fraud or protect public funds.This is to help us meet our statutory and non-statutory duties; administer work accurately and efficiently; assess any contribution to means-tested payments or grants provided by the Council; bill, administer and collect debt; contribute to intelligence gathering to assess impacts of changes to identify need; check the information you have given us to make sure we are handling your data correctly, and for other purposes allowed by law; and prevent fraud and the misuse of public funds.

**Who has access to your information?**

We may share your information with:

* Other Council Directorates, Derby Homes, elected members and schools in Derby.
* External organisations such as: Government departments and organisations, other local authorities; Courts and Tribunals; the Rent Office; the Valuation Office Agency; the Police; the National Asylum Support Service (NASS); the National Anti-Fraud network (NAFN); the National Fraud Initiative (NFI); software providers; contracted service providers and IT companies used for technical support; social housing landlords (for Housing Benefit claimants in social housing); banks; building societies; external auditors; enforcement agents; debt advice agencies; your doctor / medical professional (if you are claiming a discount for severe mental impairment); your employer; any relevant third parties as required to help prevent fraud, including private sector companies as allowed by law.
* Relevant individuals such as benefits claimants, landlords and agents.

For further information about how your personal information will be used, please go to <https://www.derby.gov.uk/privacy-notice/>where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from [RBESPrivacyNoticerequest@derby.gcsx.gov.uk](mailto:RBESPrivacyNoticerequest@derby.gcsx.gov.uk) or call us on 01332 643194.



Proof of Rent Form

**Please ask your landlord or the landlord's agent to complete this form, or let us see the tenancy agreement which is valid for the date of your claim**

**Tenant details**

|  |  |
| --- | --- |
| Name(s) |  |
| Address  Postcode |  |
| Claim reference |  |

**Landlord details**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you the landlord or the landlord's agent? | |  | |
| Landlord Name | |  | |
| Landlord Address  Postcode | |  | |
| Telephone number |  | Email address |  |
| Managing agent name and address(if applicable) | |  | |
| Is the landlord or managing agent related to anyone living in the property? (Including relationship by marriage, even if the marriage has now ended) | | **Yes/No**  If Yes, how are you related | |

**Tenancy details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rent charge | £ | | Weekly/Four Weekly/Monthly | |
| Tenancy start date | DD/MM/YYYY | | | |
| Is this a joint tenancy? | Yes/No | If 'Yes' how many tenants are there? | |  |
| Are there any services included in the rent charge? | Yes/No  If 'Yes' please give details overleaf | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Services** included in the total rent charge | | | | | Please tick all that apply | Charge  £ | |
| Water charges | | | | |  |  | |
| Council Tax | | | | |  |  | |
| Cleaning, heating, lighting of halls, stairs and passageways | | | | |  |  | |
| Cleaning (not halls, stairs and passageways) | | | | |  |  | |
| Lighting (not halls, stairs and passageways) | | | | |  |  | |
| Heating (not halls, stairs and passageways) | | | | |  |  | |
| Hot Water | | | | |  |  | |
| Fuel for cooking | | | | |  |  | |
| Telephone calls | | | | |  |  | |
| Personal laundry | | | | |  |  | |
| Laundering of bed linen | | | | |  |  | |
| Satellite/Cable TV | | | | |  |  | |
| Room Cleaning | | | | |  |  | |
| Window Cleaning | | | | |  |  | |
| Television Licence | | | | |  |  | |
| Physical Care – we may write to you for more information | | | | |  |  | |
| Counselling & Support – we may write to you for more information | | | | |  |  | |
| Other – Please give details | | | | |  |  | |
| **Meals** included – please tick whichever applies | | | | | | | |
| Breakfast only |  | Part board (any other number of meals) |  | Full board (at least three meals every day) | | |  |

|  |  |
| --- | --- |
| **Declaration**  I declare that the information given on this form is true and complete to the best of my knowledge and belief. | |
| Signed:  Print name:  Position held:  Date: | Company stamp |

Thank you for taking the time to complete this form and providing the evidence we need to check we are paying your tenant the correct amount of benefit. All information sent will be treated as confidential and used only in relation to the assessment of your tenant’s benefit.

Please return this form to Derby Benefits, Derby City Council, The Council House,

Corporation Street, Derby DE1 2FS



Housing Benefit Payment by BACS

Housing Benefit is usually directly into your bank or building society account. If you would like us to pay your benefit into your account by BACS please tell us the details below.

|  |  |
| --- | --- |
| Full Name | |
| Address | |
| Claim reference |  |
| Telephone number | Email address |

### 

|  |  |
| --- | --- |
| Accountholder Name |  |
| Bank Name |  |
| Branch Address |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Sort Code |  |  | - |  |  | - |  |  |
| Account Number |  |  |  |  |  |  |  |  |
| Building Society reference, if applicable |  | | | | | | | |

|  |  |
| --- | --- |
| Name of Person Providing details |  |
| Signed |  |
| Date |  |

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Corporation Street, Derby DE1 2FS