

**STRICTLY CONFIDENTIAL**

**Sevenoaks District Council**  
Benefits, PO Box 102, Argyle Road,  
Sevenoaks, Kent TN13 1GT

Telephone: 01732 227000



Claim

# **CHANGE OF CIRCUMSTANCES FOR HOUSING BENEFIT & COUNCIL TAX BENEFIT MOVING ACCOMMODATION**

**Please only use this form if you already receive housing benefit and/or council tax benefit.  
If you have not claimed before, or your last claim has ended, you must complete a full application form.**

**Please read these notes before filling in the form**

- |   |  |
|---|--|
| <p>1. The information you give us on this form is confidential. However we may pass on certain information to the Department for Work &amp; Pensions and other departments of the Council that are legally entitled to it. We may also use the information to prevent and detect fraud.</p> <p>2. Please <b>read the questions</b> carefully before answering, and fill in <b>all</b> parts of the form using <b>black ink</b>.</p> <p>3. If you cannot fill in the form yourself, someone else can do it for you. You must both sign the declarations at the end of the form.</p> <p>4. If you need any help with this form, please visit our office at Argyle Road or phone 01732 227000. If you cannot leave your home and have no-one who can help you, it may be possible to visit you in your home to help you complete the form and check the proof we need.</p> | <p>5. You must tell Benefit Services (us) about changes of circumstances (<b>as soon as they happen</b>). If you delay you may receive benefit which you are not entitled to which will have to be repaid, or you may lose benefit if your change of circumstances is beneficial and you do not tell us within 1 calendar month.</p> <p>6. If your circumstances change after you have filled out this form you must let us know straight away. Examples of things you must tell us about are:</p> <ul style="list-style-type: none"> <li>■ if you change address</li> <li>■ if you, or your partner stop getting Income Support/ Income-Based Jobseekers Allowance or Guarantee Credit</li> <li>■ if you, or your partner, go into hospital</li> <li>■ if anyone leaves or joins your household</li> <li>■ if anyone in your household has a change of income</li> </ul> <p>Please note these are examples only - if in doubt please tell us anyway. If you telephone you will normally have to confirm your changes in writing.</p> <p>7. The details you give us on this form will be used if you make a claim for a Discretionary Housing Payment.</p> |
|---|--|

**This form is available in large print, for a copy call: 01732 227414**

This form can be explained in other languages, please call: 01732 227000

**Please use black ink**

Name .....	Address moving to.....
Address moving from.....	.....
.....	.....
.....	Phone number .....
Phone number .....	Email.....
Email.....	Date of move .....

You do not have to give your phone number or email address, but it will help us contact you more quickly if you do.

**New Property (office use only)**

CTax Acc:
Property No:

## 1 About yourself and your partner

Do you have a partner who normally lives with you? Yes  No

We use partner to mean:

- a person you are married to or a person you live with as if you are married to them or
- a civil partner or a person you live with as if you are civil partners.

Please answer all the questions for your new address.

	Yourself				Your Partner			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other				Other			
Surname								
First names								
Date of birth	/ /				/ /			
National Insurance number								
Are you a joint tenant or owner (not including with your partner)?	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give us the name of your joint tenants/owners								
Did you or your partner previously own the home you are living in?	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you or your partner own your new accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did you own or rent your last home?	Own <input type="checkbox"/> Rent <input type="checkbox"/>				Own <input type="checkbox"/> Rent <input type="checkbox"/>			
What date did you move to your new address?	/ /				/ /			
If you have not yet moved what date do you expect to move in?	/ /				/ /			
What was last day you were liable to pay rent at your previous address?	/ /				/ /			

## 2 About sub-tenants, boarders and lodgers

(Anyone who lives with you and pays rent, but is not a close relative)

Is there anyone else living with you who you have not mentioned on this form? Yes  No

If no, please go to Section 3. If yes, please give their details below.

**Proof:** We need proof of the amount of rent you get each week. This may be the **rent book**, or a **letter from your boarder/lodger/sub-tenant** confirming the amount they pay and what is included in their rent.

	1st Person		2nd Person		3rd Person		4th Person		
Surname									
First names									
Relationship to you									
Date of birth	/ /		/ /		/ /		/ /		
Date they moved in	/ /		/ /		/ /		/ /		
How much rent do they pay each week?	£	:	p	£	:	p	£	:	p
Does the rent cover heating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the rent cover meals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### 3 Details about your tenancy

Do you rent from a Private Landlord or Housing Association? Yes  No

Yes  No

If **no**, please go to **Section 4**

If **yes**, please complete all the questions below

**Proof:** Please provide evidence that you are liable to pay rent **at your new address**. Please include the full name and business address of the landlord, the full name and business address of any managing agent, the date the agreement started, the amount of rent payable, what is included in the rent (eg water, meals, emergency alarms), and the payment frequency. Suitable documents include **tenancy agreement, letter from landlord or landlord's agent**.

Please note that the proof must show **current** liability.

Landlord's name			
Full name (if not a company)			
Landlord's address			
Landlord's telephone number			
Name and address of agent (if you have one)			
Date the tenancy started	Date you moved in:	/	/
What sort of tenancy do you have? eg Assured shorthold			
Length of tenancy	months	Date tenancy is due to end:	/ /
Is the tenancy in your name?	Yes <input type="checkbox"/> No <input type="checkbox"/>	if <b>no</b> , please give the tenant's name:	
What is the full rent you pay and how often is it due?	£	:	p Every week <input type="checkbox"/> Every month <input type="checkbox"/> Every four weeks <input type="checkbox"/>
Are you behind with your rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	if <b>yes</b> , how much do you owe? £ : p	
Are you a joint tenant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you or your partner related to your landlord or landlady (or his/her partner)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If <b>yes</b> , what is the relationship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is your landlord an ex-partner of you or your partner? (If yes, did you live with your landlord at this address)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is your landlord the parent of your or your partner's child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you or your partner work for your landlord?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your landlord own the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you or your partner use part of your home for business purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has your rent been registered with the Rent Officer? If <b>yes</b> , please provide the notice of registration form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Do you want your housing benefit to go directly to your landlord? If you are affected by Local Housing Allowance, payments will be made to you directly	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If **yes**, and you have a new landlord, you and your landlord (or landlord's agent) must fill in, sign and return the tear-off form on page 9. Do not delay sending in the change of circumstances form because you are waiting for the landlord or agent to sign it. Send the form anyway and we will pay you until we receive the signed declaration. **Please note that tenants of Hanover Housing Association, Moat, MacIntyre Housing Association, West Kent Housing Association, Southern Housing Group, Rockdale Housing Association and Richmond Fellowship do not need to get their landlords to sign.**

## Are there any of the following included in the rent? (Please tick)

### Services

Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Garage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Do you have the option to rent the garage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Allocated parking space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Hot water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Cooking facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Cleaning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Gardening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Medical expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>
Other (please give details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	p	Don't Know <input type="checkbox"/>

### Facilities

Central heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Meals</b>			
Furnished	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Breakfasts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If <b>yes</b> , is it furnished?	Partly <input type="checkbox"/>	Fully <input type="checkbox"/>	Midday Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Garden	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evening Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Please specify:			

Are services provided throughout the property or just in the parts that are shared with others? Throughout  In shared parts only

### Supported Accommodation

This means where extra support is available for example, counselling, support or emergency alarms.

Do you live in supported accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If <b>yes</b> , does your rent include any of the following:						
Counselling or support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if yes how much?	£	:	p
Cleaning of room or windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if yes how much?	£	:	p
Emergency Alarm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if yes how much?	£	:	p
Nursing or personal care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if yes how much?	£	:	p

### About the accommodation (please tick)

House <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Maisonette <input type="checkbox"/>	Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Terraced <input type="checkbox"/>
Mobile Home <input type="checkbox"/>	Flat <input type="checkbox"/>	In block <input type="checkbox"/>	Over shop <input type="checkbox"/>	In house <input type="checkbox"/>	Room/rooms <input type="checkbox"/>
Other, please specify:					

### Occupancy details

	living rooms	bedrooms	bedsit rooms	kitchens	bathrooms	WC's	other
Total number of rooms in house or flat							
Number of rooms you live in							
Number of rooms you share with others							

If you live in a room, flat or maisonette, please tell us which floor your accommodation is (please tick)

Basement <input type="checkbox"/>	Ground <input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Other <input type="checkbox"/>
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If you occupy only one room, please indicate position in house and room number

Front <input type="checkbox"/>	Centre <input type="checkbox"/>	Rear <input type="checkbox"/>	Room Number <input type="text"/>
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## **7 Local Housing Allowance: Safeguard Policy**

Housing Benefit, for tenants of private landlords, will normally be paid to the tenant. Tenants do not have the option to choose to have their Housing Benefit paid direct to their landlords.

However, every council has a Safeguard Policy to protect vulnerable tenants. Each case is considered individually.

The broad areas in which the landlord may receive direct payments, as set out in the regulations, are:

- the tenant is in rent arrears of 8 weeks or more and it is in the over-riding interest of the claimant to make payments to the landlord
- the tenant is having deductions from their Income Support or Job seekers Allowance to pay off rent arrears
- the tenant is “likely to have difficulty in relation to the management of his financial affairs”
- it is unlikely that the tenant will pay their rent

Examples of where the Safeguard Policy may apply:

The tenant:

- has a medical condition which affects them dealing with their finances
- has a learning disability
- has language difficulties
- is dealing with an addiction
- has severe debt problems

This is not an exhaustive list.

- Please tick here if you would like to receive an Application Form for payments of LHA to be paid to your landlord.

You will need to fully complete a Safeguard Form and **provide** supporting evidence for us to consider your application. We will then write to you with our decision.

**Completion of this form does not guarantee that payments of Housing Benefit will go directly to the landlord.**

**Each application is assessed on its own individual merits.**

## **Alerting the Council**

The tenant or another person representing them may make the Council aware that the Housing Benefit should be paid to the landlord in their opinion.

## 8 Declaration

Please read this declaration carefully and sign below

### YOUR DECLARATION

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

**Warning:** If you provide false statements, information or documents to support your claim or you continue to receive benefit when you knowingly fail to tell us about any relevant changes of circumstances which happen after the date you make a claim, you will be guilty of an offence and may be prosecuted under the Theft Acts of 1968 and 1978 or the Social Security Administration Act of 1992.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me.
- 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 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.

I know I must let Benefit Services (us) know about any changes in my circumstances.

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

Signature of person claiming:  Date:

### Forms filled in by someone other than the person claiming.

Please tell us why you are filling in this form for someone else.

Name of the person who filled in the form

Signature of the person who filled in the form

Relationship to the person claiming

## **9 What to do now**

**Ensure that you have fully completed the form in black ink, and provide as much proof as you can.**

We cannot assess your entitlement without the necessary proof. You may send your form or documents to us or you can visit us at the Council Offices, Argyle Road, Sevenoaks or have them checked by staff at the local offices in Edenbridge, Hartley or Swanley (see below for opening times).

If you do not have all the proof we need, still send your form immediately.

Send in the documents you have to hand now. Make a note of what else is required and let us have this proof within **1 calendar month**.

If you cannot give us the proof within **1 calendar month** of sending this form, you must let us know straight away.

If you send documents to us by post, we will not be responsible if they are lost in the postal system.

**Please make sure everything you send us has your name and address on it.**

### **Addresses and opening times:**

Sevenoaks District Council, Benefit Services, PO Box 102, Argyle Road, Sevenoaks, TN13 1GT

Open: Mon to Wed 8.45am to 5.00pm; Thurs 9.30am to 5.00pm; Fri 8.45am to 4.45pm

Telephone: 01732 227000

Email: [benefits@sevenoaks.gov.uk](mailto:benefits@sevenoaks.gov.uk)

or visit our website: [www.sevenoaks.gov.uk](http://www.sevenoaks.gov.uk)

### **Local offices:**

#### **Edenbridge**

Old Tourist Info Office  
at the Leisure Centre

#### **Open:**

Thurs 1.30pm to 4.00pm  
Please contact us for  
Thursday morning times,

#### **Hartley**

Hartley Library,  
Ash Road

#### **Open:**

Weds  
2.00pm to 4.00pm

#### **Swanley**

Swanley Library & Info Centre,  
London Road

#### **Open:**

Mon to Thurs 9.30am to 5.30pm  
Fri 9.30am to 6.00pm and  
Sat 9.00am to 4.00pm

### **For help and impartial advice you may wish to visit/contact the following:**

Sevenoaks Bureau  
Buckhurst Lane  
Sevenoaks  
Tel: 01732 454443

Swanley Bureau  
16 High Street  
Swanley  
Tel: 01322 664949

Edenbridge Citizen's  
Advice Bureau  
68 High Street  
Edenbridge  
Tel: 01732 865131

Claim 

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### Paying Benefit To Your Landlord

Fill in this form if you want Sevenoaks District Council to pay your Housing Benefit direct to your landlord/landlord’s agent. If you are affected by Local Housing Allowance payments must go directly to you, unless the Safeguard Policy allows payments to your landlord.

#### CLAIMANT DECLARATION (To be completed by you)

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

I wish you to pay my Housing Benefit straight to my landlord/landlord’s agent.

#### I understand that by law:

- I must always tell you about any change in my circumstances.
- If I do not tell you about any change of circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit.
- I may be prosecuted if I do not tell you about any change of circumstances.

TEAR OFF

Signature: ..... Date: .....

Full Name (in CAPITAL LETTERS): .....

Address: .....

.....

.....Postcode: .....

TEAR OFF

#### LANDLORD DECLARATION

(To be completed by your landlord/landlord’s agent if you are not a tenant of West Kent, Moat, MacIntyre, Southern, Richmond Rockdale or Hanover)

I agree to accept Housing Benefit payments for the tenant named in this form.

#### I understand that by law:

- I must tell you straight away if I find out about any change in the tenant’s circumstances
- You can stop paying benefit to me if I do not tell you about any change of circumstances
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to
- If you pay me too much Housing Benefit for any tenant, I may have to repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

TEAR OFF

Signature: ..... Date: .....

Full Name (in CAPITAL LETTERS): .....

Company Name:.....

Address: .....

.....

Postcode:.....





**ONLY COMPLETE THIS PART IF YOU WISH TO GIVE AUTHORITY TO A THIRD PARTY**

Claim 

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**Authority to Discuss**

Fill in this form if you would like Sevenoaks District Council's Benefit Service to be able to discuss this claim with your landlord or other third party

Allowing us to share information may speed up your claim. If you are happy for us to discuss your claim with your landlord, or a named third party, fill in, sign and return this form.

It will not affect your claim if you do not give us permission.

TEAR OFF

I, (Full Name in CAPITAL LETTERS): .....  
of (Address): .....  
.....  
.....

give the Benefit Service at Sevenoaks District Council permission to discuss matters relating to my claim(s) for Housing Benefit and/or Council Tax Benefit with:

TEAR OFF

(Full Name in CAPITAL LETTERS): .....  
of (Address): .....  
.....  
.....

Who is my (State relationship).....

Your officers may discuss: (please tick)

- All aspects of my claim
- My Housing/Council Tax award and payment details only
- My income only
- My rent only
- My household only

This authority covers all claims, reviews and appeals made and is continuous until cancelled in writing by me.

TEAR OFF

Signature: ..... Date: .....



