

Benefits Service

Change in Income and Savings Notification

PART 1 – About you

Name & Address

Claim Number

Date sent

Telephone Number

Mobile

Email

PART 2 – About whose income or savings have changed

Whose income or savings has changed?

Mine My partner's Another member of my household

If another member of your household, please give their name

PART 3 – About what has changed

The change is (please state)

When did this change?

Please provide documentary evidence to show the change. Documents must be originals.

Do you want to claim Housing Benefit following this change?
(please tick YES or NO) YES NO

Do you want to apply for a Council Tax Reduction discount
following this change? (please tick YES or NO) YES NO

PART 4 – About Income Support, income-based Jobseeker’s Allowance and Pension Credit

Are you or your partner getting or waiting to hear about a claim for Income Support, income-based Jobseeker’s Allowance or Pension Credit? YES NO

If NO, please go to **Part 5**. If YES, please answer the following questions then go to **Part 7**.

Are you or your partner actually getting Income Support, income-based Jobseeker’s Allowance or Pension Credit? YES NO

If YES, when did you start getting it?

Please provide your Award letter.

Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker’s Allowance or Pension Credit? YES NO

If YES, when did you claim?

PART 5 – About being self-employed

Are you or your partner self-employed? YES NO

If NO, please go to **Part 6**. If YES, please answer the following questions

What kind of work do you do?

When did the business start?

What is the business address?

How many hours a week do you work?

Do you get a Business Start-up Allowance? YES NO

Do you pay into a private pension scheme? YES NO

We will need to see some evidence of your income. We will write to you about this.

PART 6 – About working for an employer

Do you or your partner work for an employer?

YES

NO

If NO, please go to **Part 7**. If YES, please answer the following questions. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

What kind of work do you do?

What is your employer's name and address?

When did you start this job?

What is your payroll, employee or staff number?

Are you employed for a limited period?

YES

NO

How often do you get paid?

every

How much do you get paid before tax and National Insurance are taken off?

£

How are you paid?
For example, in cash, by cheque or into your bank.

How many hours a week do you normally work?

Are you getting Statutory Sick Pay (SSP), Statutory Maternity Pay (SMP), or Statutory Paternity Pay from your employer at the moment?

YES

NO

Are you getting any other sick pay or maternity pay from your employer at the moment?

YES

NO

Do you pay into a private or company pension scheme?

YES

NO

Please provide your wage slips or your contract of employment if you have not yet received any wage slips.

Can we contact your employer directly to check this information?

YES

NO

About childcare costs

If you pay a registered childminder, nursery or after school club to look after any of your children please answer the following questions.

What is the name and address of the childcare provider?

How much do you pay a week?

We need to see proof of this

PART 7 – About benefits and pensions

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

YES

NO

If NO, please go to **Part 8**. If YES, please answer the following questions and tell us about all your benefits.

What is the name of the benefit or pension?

Are you still waiting to hear?

YES

NO

If NO, when did it start?

How much do you receive?

How often do you get paid?

every

What is the name of the benefit or pension?

Are you still waiting to hear?

YES

NO

If NO, when did it start?

How much do you receive?

How often do you get paid?

every

Please provide your award letters of proof of the payments you receive.

PART 8 – About any other income

Do you or your partner getting any other income?

YES

NO

If NO, please go to **Part 9**. If YES, please answer the following questions and tell us about your other income.

What is the name of the other income?

How much do you receive?

How often do you get paid?

every

Please provide proof of the payments you receive.

PART 9 – About savings, investments and property

We need to know if you, your partner, or any children you are claiming for, have any savings, investments or property in the UK or abroad.

This includes bank and building society accounts, premium bonds, National Savings Certificates, and stocks and shares.

Do you have any savings, investments or property? YES NO

If YES, please give details of all your savings, investments and property:

TYPE	REFERENCE NUMBER	AMOUNT
		£
		£
		£
		£
		£
		£

If you have a partner, does your partner have any savings, investments or property? YES NO

If YES, please give details of all their savings, investments and property:

TYPE	REFERENCE NUMBER	AMOUNT
		£
		£
		£
		£
		£
		£

If you have any children that you are claiming for, do they have any savings, investments or property? YES NO

Please give details of all their savings, investments and property:

TYPE	REFERENCE NUMBER	AMOUNT
		£
		£
		£
		£
		£
		£

You must provide proof to show all your savings and investments. If you own other property we will write to you separately about this.

PART 10 - Your declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct. But they do not have to sign.

Please read this declaration carefully before you sign and date it. I understand the following:

- ◆ If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- ◆ You will use the information I have provided to process my claim for Housing Benefit or Council Tax Reduction, or both. You may check some of the information with other sources as allowed by law.
- ◆ 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 organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.

I know I must let you know about any change in my circumstances that may affect my claim. I declare the information I have given on this form is correct and complete.

Signature of person claiming

Date

Partner's signature

Date

Please return this form to: London Borough of Richmond upon Thames, Benefits Service, PO Box 72385, London, SW18 9PG

Please contact us on 020 8891 1411 if you need this information in Braille, large print, on audio tape or in another language.

If you have difficulty understanding the form, please visit us at the Civic Centre where we can arrange a telephone interpreting service.

*London Borough of Richmond upon Thames,
Benefits Service, PO Box 72385, London, SW18 9PG.
Tel: 020 8891 1411 Minicom: 020-8831-6001 Fax: 020-8891-7933
Website: www.richmond.gov.uk*