Notification Form

Change in circumstances

Housing Benefit and Council Tax Reduction

- If there are any changes in your circumstances you must tell the Benefits Service immediately. This includes if:
 - · you or your partner's income changes
 - anyone moves in or out of your home
 - your rent changes
 - you or your partner's savings change. We need to know if your savings increase above £6,000
 - the circumstances of someone in your household change (for example, leaving school, going into hospital, a nursing home or prison, changing a job, becoming a student)
 - you or your partner are going to be away from home for more than 4 weeks
- You will need to provide evidence of any changes in your circumstances.

You can provide evidence:

- · by email to HousingBenefit@southglos.gov.uk
- in person at one of our One Stop Shops
- **by post,** you can send it to us at the address at the foot of the form overleaf. Where possible please provide original documents. We may ask for further evidence if it is required.
- It is your responsibility to report any changes in circumstances to us as soon as they happen.
 If you do not tell us about a change straight away it could result in you losing out on benefit or receiving too much benefit and being asked to repay it. It is not the responsibility of any other organisation, such as Department for Work & Pensions or HM Revenue & Customs, to inform us about your changes.



CLAIM REFERENCE

| 1. Your details | | | | | |
|---|------------|--------------|-------------|-------------|---|
| Surname: First name(s): | | | | | |
| Title: | Mr | Mrs | Miss | Ms | other: |
| Date of birth: National Insurance Number: | | | | | |
| Address: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | Postcode: |
| Telephone: | | | | | |
| Email: | | | | | |
| 2. Details | of your c | hange in ci | rcumstance | es | |
| Date of change: I have provided evidence with this for | | | | | I have provided evidence with this form |
| Details of change: | | | | | |
| | _ | | | | |
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| 3. Declar | ation | | | | |
| Please re | ad this de | claration ca | refully and | check befor | e signing |
| I declare that the information I have given on this form is true and complete. | | | | | |
| I know that I must let you know straight away about any changes in my circumstances, which may affect my claim. | | | | | |
| I understand that if I give information that is incorrect or incomplete I could be prosecuted. | | | | | |
| I understand that you may use the information I have given on this form to prevent and detect fraud and that information may be shared with other bodies responsible for auditing and administering public funds. | | | | | |
| Signature: | | | | | Date: |
| Please return to: South Gloucestershire Council, Chief Executive & Corporate Resources Department, The Benefit Service, P O Box 1953, Bristol, BS37 ODB Email: housingbenefit@southglos.gov.uk | | | | | |

(i) If you need this information in another format please contact 01454 868009