

Director of Finance Canolfan Rheidol, Rhodfa Padarn, Llanbadarn Fawr, Aberystwyth, Ceredigion SY23 3UE

If you have any questions about this	form or if y	you need he	lp to complete
it please contact the Benefits Office	on 01970	633252 fax	01970 633131
or email revenues@ceredigion.gov.ul	c or you may	call at one	of our enquiry
offices listed on page 6.			

LA Date Stamp	

HOUSING BENEFIT AND COUNCIL TAX REDUCTION CHANGE OF ADDRESS FORM	
Claim Reference No.]
Date issued]

We will use the information you provide to amend your Housing Benefit / Council Tax Reduction entitlement. Where appropriate the information may be passed to the Department for Work and Pensions, other Council Departments such as Supporting People Team, Education and Free School Meals, other councils and other organisations as the law allows with a view to the possible prevention and detection of fraud, corrution, money laundering and other forms of crime and for the proper administration of your affairs, where appropriate.

Section A About you and your partner

	YOU	YOUR PARTNER
Title First Names		
Surname		
New Address		
Previous Address		
Home Tel No.		
Mob Tel No.		
NI number		

Section B Household Members

Please list everybody who lives at the new address with you. Please include your partner (if applicable) children and other adults who live with you. If none please write "none".

Name	Relationship to you	Date of Birth	Income (state weekly or month or four weekly)	
	-			
Section C	About your new addr	ess		
What date did your tenar	ncy begin?	/ /		
On what date did you act	cually move in?	/ /		
Do you own your own home or pay a mortgage? YES NO				
If you have ticked yes to either	of the above please go straigh	t to Section F otherwise	e continue completing this section.	
Do you live in:-				
Detached house? Detached bungalow? Semi-detached house?	Maisonette? Flat in House? Flat in Block?		Mobile home? d Lodging?	
Semi-detached bungalow? Terraced house?	Flat over shop? Residential home	Hotel? Nursing h	nome?	
Other arrangement - please specify				
Does your home have:-				
Central heating? Garden? Garage? Garage?				
How many floors in the building? YES NO				
Do you occupy only part of a building (e.g. flat, bedsit)?				
Which floor do you occupy (e.g. ground, first)?				

About your new address cont	inued			
Is your accommodation at the Fro	ont? N	1iddle?	Back?	
What is your flat number	or r	oom numbe	er?	
How many of the following rooms are there in the building?	ln the whole buildir	e	Just for you and your household	That you share with other people
Living rooms				
Bedsitting rooms				
Bedrooms				
Bathrooms or shower rooms				
Toilets				
Kitchens				
Other rooms				
Section D Rent Details				
What is your landlord's full name and business address? (Landlord means the performant or organisation who owns the property)				
If you pay your rent through an agent please tell us the agent's full name and address				
Are you, your partner, your children of cludes related through marriage even if the ma		•	children related	to your landlord (in-
YES NO If "YES" v	vhat is the r	elationship?		
How much rent do you pay and how	often?	£	every	
What sort of tenancy do you have (e.	g. shorthold, a	issured tenan	cy)?	
, , ,	NO 🔲 P	lease provide (evidence of the amo	eement with this form ount of rent you are liable from your landlord)
When does your tenancy start and er	nd? S	tart /	/ En	nd / /

About your rent continued				
Is your accommodation let as	Furnished?	part furnished? u	infurnished?	
Does anyone else share the rent wit	th you and your pa	rtner? YES	NO 🔲	
Please tell us their names and how r	much they pay?			
	Name		£	
	Name		£	
	Name		£	
Are you behind with your rent? No	O D YES D	by how many weeks/mo	onths?	
The you bening with your rent.		by now many weeks/me)	
Please tick where any of the followin (if known).	ng are included in y	our rent and show how	much is charged	
Water Authority charges £		Heating	£	
Lighting		Cleaning rooms/window	rs £	
Electric/gas for cooking £		Laundry	£	
Hot water		Meals	£	
Personal care or support £		Council Tax	£	
Other (please give details)				
Do you pay a sevice charge towards, for example, cleaning/lighting a communal area, gardening, caretakers, lift maintenance, alarm systems or for general counselling and support? NO				
YES Please give details		£		
		£		
		£		
		£		
Do you pay water rates direct to W	/elsh Water ?	YES 🔲	NO 🔲	

Section E Payments

Do you want payments made to:

Those tenants affected by the Local Housing Allowance from 7 April 2008 will normally be paid any housing benefit direct to themselves. It will then be their responsibility to pay their full rental liability to their Landlords themselves. However, we will consider making direct payments to landlords for tenants who are unable to manage their own affairs; or who are not capable of taking responsibility for the payment of their own rent; or if they are 8 weeks in arrears with their rent. Please contact us if you want to discuss this in more detail.

Housing Association and tenants exempt from LHA – payments can be made to you, your landlord or your landlords agent.

you?

Your Landlord (non LHA)?

		Your Landlords Agent (non LHA)?
	ou want us to pay your bendase complete the details bel	efit to you, it will be paid direct into your bank or building society, ow.
Po	•	to pay into some accounts such as Individual Savings Accounts (ISA), some Savings Account. If you are not sure about the account you bank or building society.
l.	Name and full address of yo	our bank or building society
2.	Names as they appear on the account	
	the account	
3.	Branch sort code	
4.	Account number	
5.	Building society account / Roll number	

If you have any concerns or need any help or advice, please contact the Housing Benefits Section on 01970 633252

Section F Declaration and Signature

Please read the declaration then sign and date it.

- I enclose the documentation you have requested.
- I authorise the council to make any enquiries that are necessary to validate the information provided above.
- I know that I must tell the benefits office immediately about any change in my circumstances which may affect my claim.
- I understand you may use information as stated on the front of this form.
- I declare the information I have given is accurate and true and I understand that I may be prosecuted if I obtain benefit dishonestly.

Your signature			Your partner's signature			
Date			Date			
If you have of	completed this fo	orm on beha	ulf of the ap	plicant please provide the		
Your name and	d address	Relationship t	o applicant	Signature		
•	our completed form, ed) by post or in per		your tenancy a	agreement or evidence of rent		
Enquiry offices Council Offices, Market Street, Lampeter Council Offices, Market Street, Aberaeron Council Offices, Llandysul Council Offices, Morgan Street, Cardigan The Director of Finance, Canolfan Rheidol, Aberystwyth.						
Has there been any other change in your circumstances since your application or last review? This could include changes in your income or capital, changes in non-dependant income, people entering or leaving your household or anything that may affect your entitlment to Housing Benefit or Council Tax Reduction.						
YES Please give details and relevant dates below						
Other Change	2S					

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