

# NEWARK AND SHERWOOD DISTRICT COUNCIL

## CHANGES OF CIRCUMSTANCES FORM

Please keep this form in a safe place so that you can use it to notify us immediately when a change in your circumstances occurs. If the change means that your Benefit increases you must let us know straight away or you may lose out on Benefit.



Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel No: \_\_\_\_\_  
Ref No: \_\_\_\_\_

<u>Office Use Only</u> Date Received:
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Please tick appropriate box and give date of change, along with further details if appropriate

\* I am in receipt of Income Support with effect from: \_\_\_\_\_

\* I am no longer in receipt of Income Support with effect from: \_\_\_\_\_

\* I commenced employment on: \_\_\_\_\_

\* I ceased employment on: \_\_\_\_\_

\* My income changed on: \_\_\_\_\_  
Source of income: \_\_\_\_\_  
Amount per week: \_\_\_\_\_ (please provide documentary evidence)

\* I am no longer in receipt of child Benefit with effect from \_\_\_\_\_  
in respect of \_\_\_\_\_ Please give reason: \_\_\_\_\_

\* Someone joined my household on: \_\_\_\_\_  
Their name is: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
What relationship (if any) are they to you? \_\_\_\_\_

**Questions 1-7 – Please answer Yes or No**

- |    |  | <u>YES/NO</u> |
|----|--|---------------|
| 1. | Is this person your partner?                 | _____         |
| 2. | Are they in receipt of Income Support?       | _____         |
| 3. | Are they on a Training Scheme ?              | _____         |
| 4. | Are they a boarder?                          | _____         |
| 5. | Are they registered Blind?                   | _____         |
| 6. | Are they in receipt of Attendance Allowance? | _____         |
| 7. | (a) Are they in employment?                  | _____         |
|    | (b) Their gross weekly wage is               | £ _____       |
|    | (c) Interest received from savings           | £ _____       |
|    | Received per year/6 monthly/monthly          | _____         |
|    | (please state)                               | _____         |

**Please turn over**

\* Someone left my household on: \_\_\_\_\_  
Their name is: \_\_\_\_\_  
Their forwarding address is: \_\_\_\_\_

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(Private tenants only)

\* My rent increased on \_\_\_\_\_  
From: \_\_\_\_\_ per \_\_\_\_\_  
To: \_\_\_\_\_ per \_\_\_\_\_  
\*(please enclose proof of increase)

\* I have been awarded Working Tax Credit and/or  
Child Tax Credit  
From: \_\_\_\_\_  
Weekly amount: \_\_\_\_\_  
I received my first payment on: \_\_\_\_\_  
\*(please enclose your letter of notification) \_\_\_\_\_

\* I am moving to another address on: \_\_\_\_\_  
My forwarding address is: \_\_\_\_\_

\* Any other change in circumstances: \_\_\_\_\_  
Date of change: \_\_\_\_\_  
Please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION (please read carefully)**

**I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE IN ALL RESPECTS.**

***Warning: Any person who provides false statements, information or documents at the time of or in support of his or her claim or who continues to receive Benefit when he or she knowingly fails to inform the Council of any relevant change of circumstances which occurs after the claim is made, will be liable to prosecution under the Theft Act 1968 or Social Security Act 1986.***

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please return to:**

Newark & Sherwood District Council  
Kelham Hall  
Kelham  
NEWARK  
Notts  
NG23 5QX  
Tel: 01636 650000