

Housing Benefit and Council Tax Support Change of Income Form

Fill in this form if you are getting Housing Benefit or Council Tax Support in Derby and you or your partner have had a change of income.

**Section 1 – About you**

|  |
| --- |
| Full Name |
| Address |
| Claim reference  |  |
| Telephone Number |  |
| Email Address |  |

**Section 2- If you want to cancel your claim**

|  |
| --- |
| I want to cancel my Housing Benefit and Council Tax Support claim because my income changed on DD/MM/YYYYSigned Date If you are cancelling your claim because you have started work or self employment, do you expectthis work to last for more than 5 weeks? Yes/No |
| **If you want to cancel your claim, you don’t need to fill in sections 3, 4, 5 and 6**  |

**Section 3– About your change of income**

|  |
| --- |
| What has changed?  |
|  |
| When did this change happen? DD/MM/YYYY |
| Have you or your partner started a new job that is expected to last more than five weeks? | **Yes/No** |
| Are you or your partner self employed? | **Yes/No**  |
| If you or your partner are self employed please complete a Self- employed Income Form. Please contact us if you need a copy of this form, or download it from our website [www.derby.gov.uk](http://www.derby.gov.uk)  |

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| --- |
| If your partner has moved into your home please tell us:  |
| Your partner's full name  |  |
| Your partner's date of birth |  |
| Your partner's National Insurance Number  |  |
| Date that they moved in | DD/MM/YYYY |

**Section 4- Income details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Earnings** | Employer Name and address | Amount paid£ | How often?Weekly/Monthly/other | Hours worked per week |
| You |  |  |  |  |
| You  |  |  |  |  |
| Your partner |  |  |  |  |
| Your partner  |  |  |  |  |
| **Please include evidence of yours and your partner's earnings** * If paid monthly, you need to provide your last two payslips
* If paid fortnightly, you need to provide your last three payslips
* If paid weekly, you need to provide your last five payslips

If you do not have these payslips, please ask your employer to complete the enclosed Earnings from Work Form.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefits and Pensions**  | Type of Benefit or pension  | Amount paid£ | How often?Weekly/Monthly/Other |
| You |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Your partner |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Please send us proof**Such as current award notices or letters from the Department of Work and Pensions (DWP), H.M. Revenues and Customs or pension provider confirming how much you get. |

|  |
| --- |
| **Other Income** |
| Do you or your partner have any other income? **Yes/No** |
| If 'Yes' please tell us what this is and how often it is paid  |
| **Please send us proof of any other income** For any **other income** please send us any documents that show the amount and how often this is received. |

**Section 5 – Child Care Costs**

|  |
| --- |
| Do you pay a registered child minder, nursery or after-school club for child care? **Yes/No** |
| Tell us the name and registration number of the child minder |  |
| How much do you pay in term-time? |  |
| How much do you pay in school holidays? |  |
| **Please send us proof**We need to see a recent letter from the childcare provider giving their name and address and registration number. This must show the names of the children receiving care, how often they attend and the amount charged, during both term-time and school holidays.Or you could ask your child carer to complete the enclosed Proof of Childcare Costs Form. |

**Section 6- Capital**

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| --- |
| Do you or your partner have savings, capital or investments totalling £6000.00 or more? **Yes/No**If you have reached State Pension age do you have savings, capital or investments totalling £10,000.00 or more? **Yes/No** |
| **If 'Yes' please send us proof**You should provide statements or passbooks for all savings and current accounts with a bank, building society or post office, even if they are unused or overdrawn at the moment. These must be up to date and show transactions for the last two months. You also need to provide certificates for National Savings Certificates, Premium Bonds, ISAs, Stocks, Shares and Unit Trusts. We need to see evidence of any interest or dividends you get on investments and savings.All proofs need to show the **name of the account holder** and the full **account number.** |

# Do you need help with your claim?

We cannot discuss your claim with anyone else unless you tell us who your helper is.

|  |
| --- |
| Name and Address of your helper |
| Phone number Email address |
| Please sign to confirm we can discuss your claim with your helperSigned: |

**Declaration**

**Important – please sign to confirm you have read and understood the statement below**

I understand that if there is a new entitlement to Council Tax Support because of my change in income, you will treat the information I have provided as a claim for Council Tax Support.

I understand that 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.

If my claim is cancelled, please use this form as my intention to claim again.

I declare that the information given on this form is true and complete to the best of my knowledge and belief.

|  |
| --- |
| Signed Date  |

Please return this form to Derby Benefits, Derby City Council, The Council House, Corporation Street, Derby DE1 2FS

**Privacy Notice**

**How is your information used?**

We may use your information to: bill, administer and collect Council Tax; bill, administer and collect Business Rates; bill, administer and collect Business Improvement District (BID) levies; process and pay Housing Benefit, second adult rebate for pensioners, Council Tax Support, Discretionary Housing Payments and Council Tax Hardship; bill, administer and collect Housing Benefit overpayments; process applications for free school meals; bill, administer and collect Sundry Debts; process financial assessments relating to Home Care Charging and Residential Care Charging; investigate and prosecute Fraud; send you communications; ask agencies, government departments or other public bodies to give us information they have about you;  check information you have provided, or information about you that someone else has provided, with other information we hold;  get information about you from certain third parties, or give information to them to check the accuracy of information, prevent or detect fraud or protect public funds.This is to help us meet our statutory and non-statutory duties; administer work accurately and efficiently; assess any contribution to means-tested payments or grants provided by the Council; bill, administer and collect debt; contribute to intelligence gathering to assess impacts of changes to identify need; check the information you have given us to make sure we are handling your data correctly, and for other purposes allowed by law; and prevent fraud and the misuse of public funds.

**Who has access to your information?**

We may share your information with:

* Other Council Directorates, Derby Homes, elected members and schools in Derby.
* External organisations such as: Government departments and organisations, other local authorities; Courts and Tribunals; the Rent Office; the Valuation Office Agency; the Police; the National Asylum Support Service (NASS); the National Anti-Fraud network (NAFN); the National Fraud Initiative (NFI); software providers; contracted service providers and IT companies used for technical support; social housing landlords (for Housing Benefit claimants in social housing); banks; building societies; external auditors; enforcement agents; debt advice agencies; your doctor / medical professional (if you are claiming a discount for severe mental impairment); your employer; any relevant third parties as required to help prevent fraud, including private sector companies as allowed by law.
* Relevant individuals such as benefits claimants, landlords and agents.

For further information about how your personal information will be used, please go to <https://www.derby.gov.uk/privacy-notice/>where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from RBESPrivacyNoticerequest@derby.gcsx.gov.uk or call us on 01332 643194.

## Earnings from work form

Your reference

**Section 1 – For you to complete and sign**

|  |  |
| --- | --- |
| Name |  |
| Your National Insurance Number  |  |  |  |  |  |  |  |  |  | Your employee or work number |  |
| Your occupation |  |
| Your signature |  |

### Section 2 – Now take this form to your employer to fill in Part A and B

Part A

|  |  |  |  |
| --- | --- | --- | --- |
| Date your employee started work |  | How many hours do they work each week? |  |
| Date of last pay increase |  | Date of next pay increase |  |
| Payment method e.g. BACS, cash  |  |

We need to see details of your employee's earnings for at least the last five weeks. This means the last five weekly, three fortnightly, or two monthly payments.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week or month ending** | Gross pay | Tax | National Insurance | Work pension | Number of hours worked  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Year to date** |  |  |  |  |  |

Part B

**Please tell us here what your employee’s normal wages are likely to be**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gross pay  | Tax  | National Insurance  | Work Pension  | weekly/ monthly or 4 weekly  | Number of hours worked |
|  |  |  |  |  |  |

|  |
| --- |
| **Declaration**I declare that the information given on this form is true and complete to the best of my knowledge and belief. |
| Sign and Print name:Position held: Date: | Company stamp, address and telephone |

Please return this form to your employee or direct to Derby Benefits, Derby City Council, The Council House, Corporation Street, Derby DE1 2FS

Proof of Childcare Costs Form

Please hand this form to your childminder, nursery, or after-school club to give us proof of your childcare costs.

**Your details**

|  |  |
| --- | --- |
| Name |  |
| AddressPostcode |  |
| Claim reference  |  |

**To be completed by the child carer, nursery or afterschool club**

|  |  |
| --- | --- |
| Your name |  |
| Your address |  |
|  | Child 1 | Child 2 |
| Child's full name  |  |  |
| How often does the child attend each week during school term time?  |  |  |
| How much is the weekly charge during school term time?  | £ | £ |
| How often does the child attend during school holidays? |  |  |
| How much is weekly charge for care during the school holidays?  | £ | £ |
| When did this charge start? |  |  |
| Who are you registered for childcare with? |  |
| Registration number |  |

|  |
| --- |
| **Declaration**I declare that the information given on this form is true and complete to the best of my knowledge and belief. |
| Signed  | Date  |

***Please return this form to the Parent or send to Derby Benefits, Derby City Council, The Council House, Corporation Street, Derby DE1 2FS***