



Inverclyde
council

FREEPHONE : 0800 013 1375

Revenues & Customer Services
Wallace Place
Greenock PA15 1LX

Date Stamp

HOUSING AND/OR COUNCIL TAX REDUCTION—INCOME CHANGE FORM

[Large empty box for address or other details]

HB/CTR Ref: []

Issue Date: []

PLEASE COMPLETE THIS FORM IN BLACK INK ONLY

Please use this form to tell us about a change in your financial circumstances.

Part 1—Your Details

Title (Mr, Mrs, Ms, other) []

First Name(s) []

Surname or family name: []

Date of Birth: [] [] [] [] [] []
D D M M Y Y

National Insurance Number: [] [] [] [] [] [] [] [] []
LETTERS NUMBERS NUMBERS NUMBERS LETTER

Address: []
[]
[]
[]

Postcode: [] [] [] [] [] [] [] [] Tel No: []

Are You: (please tick one box only)
 A private tenant a Housing Association tenant or Boarder
 An Owner Occupier
 A River Clyde Homes tenant
 Living with family

Part 2—Household Composition

Please list everyone who normally lives with you. This includes your partner if you have one, and children. If none, please write "none".

Name	Relationship to you	Date of Birth	Income/Amount	Income Source (e.g. Wages)

If anyone has moved in or out of your household or there has been a change in their income please complete Part 7 giving full details.

Please confirm the number of bedrooms in the property. []



Part 3—Benefits and Pensions

Please give details of all benefits and pensions you or your partner receives and how often they are received (e.g. weekly, four weekly, monthly). For example:- Universal Credit, Tax Credits, Incapacity Benefit, Disability Living Allowance/Personal Independence Payment, Pension Credits. If none, please write "none".

Type	Amount	How Often	Reference Numbers	Who receives it?
	£			
	£			
	£			
	£			
	£			

If your benefits or pensions have changed or recently been awarded please complete Part 7 giving full details.

Please provide proof of all the income you have declared above. If you are unsure what evidence you should supply contact the benefits department.

Part 4—Earnings

Do you or your partner work Yes—Please answer all questions below for an employer

No—Go to Part 5

If you work for more than one employer tells us about all the employers on a separate sheet of paper and send it with this form.

	YOU	YOUR PARTNER
What kind of work do you do?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
What is your employer's name and address?	<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
When did you start this job?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
What is your payroll employee or staff number?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Are you employed for a limited period?	<input type="checkbox"/> Yes—When will you finish? <input type="checkbox"/> No <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	<input type="checkbox"/> Yes—When will you finish? <input type="checkbox"/> No <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
How often do you get paid?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
How much do you get paid? <small>(Before tax and National Insurance are taken off)</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
How are you paid? <small>(For example, in cash, by cheque or straight into a bank account)</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
How many hours a week do you get paid?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you getting any other sick pay or maternity from your employer at the moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have childcare costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (We may write to you about this)

Part 4—Earnings (continued)

Do you pay into a private or company pension scheme? Yes Yes
 No No

Please provide proof of all the income you have declared above. If you are paid monthly please supply your two most recent payslips. If you are paid weekly then supply your last five wageslips. If you have just started work you must supply some evidence of your likely earnings. You can provide a letter from your employer confirming the date you started work, the number of hours you are expecting to work each week and the rate of pay. Alternatively you can supply your contract of employment providing it states this information. You will then be expected to provide your first 5 weeks (or first 2 months if paid monthly) payslips as and when you receive them.

Part 5—Other income

Please give details of all other income received and how often it is received. For example:- maintenance payments, money from a trust fund, training allowances. If none, please write "none".

Type	Amount	How Often	Reference Numbers	Who receives it?
	£			
	£			
	£			
	£			
	£			

If your benefits or pensions have changed or please complete Part 7 giving full details.

Please provide proof of all the income you have declared above. If you are unsure what evidence you should supply contact the benefits department.

Part 6—Savings and Capital

We need to know if you, or your partner or any children you are claiming for have any bank accounts, savings, investments or property in the UK or abroad. This includes cash, current accounts and savings accounts with a bank or building society, Post Office® accounts, Premium Bonds, National Savings Certificates and stocks and shares. If none, please write "none".

Type	Details of accounts or address of property/land	Amount
		£
		£
		£
		£
		£

Please provide proof of all the income you have declared above. If you are unsure what evidence you should supply contact the benefits department. Where you hold an account, 2 full months full and recent statement must be supplied even if the account is overdrawn.

Part 7—Anything else you need to tell us

Please use this space to tell us anything else which may affect your Housing Benefit and/or Council Tax Reduction. This should include the following examples:- any changes in your income, capital, people leaving and joining the household, rent changes etc. and the date of change.

Part 8 – Declaration

Even if someone else has filled in this form for you, you must sign this declaration.

Please read this declaration carefully before you sign and date it.

- **I declare** the the information I have given on this form is correct and complete.
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me This may include court action
- **I agree** that you will use the information I have provided to process my claim for Housing Benefit and/or Council Tax Reduction, or both. You may check some of the information with other sources as allowed by the law.
- **I understand** that you may use any information I have provided in connection with this claim for Housing Benefit and/or Council Tax Reduction Application 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 The Scottish Government, other government department, local authorities and private-sector companies such as banks and organisation that may lend me money, if the law allows this.
- **I know** that I must let the Housing Benefit section know in writing about any change in my circumstances, which might affect my Housing Benefit and/or Council Tax Reduction.

Signature of person claiming/applying:

Date:

 / /

Signature of person who completed the form (if different):

Relationship to the person claiming/applying

Reason for completing form for the person claiming/applying:

If you need to contact us:

Enquiries in person: Inverclyde Council
Revenues & Benefits
Customer Service Centre
Clyde Square
Greenock PA15 1LY

Telephone Enquiries: 0800 013 1375

Opening Times” Monday-Thursday 8.45am - 4.30pm
Friday 8.45am - 3.45pm

Online Enquiries: benefitenquiries@inverclyde.gov.uk
www.inverclyde.gov.uk

OFFICE USE ONLY

CHANGE	DECISION MAKER	DATE
FURTHER INFORMATION LETTER REQUESTS		