



**Inverclyde**  
council

**FREEPHONE : 0800 013 1375**

Date Stamp

Revenues & Customer Services  
Wallace Place  
Greenock PA15 1LX

**HOUSING AND/OR COUNCIL TAX REDUCTION—CHANGE OF ADDRESS FORM**

[Large empty box for address details]

HB/CTR Ref: [ ]

Issue Date: [ ]

Please use this form to tell us about a change in your address. If you have had any additional changes in your circumstances please tell us about these in Part 6.

**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]

**Part 2—Address Details**

At your new address 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

My new address is:

[ ]

[ ]

[ ]

[ ]

My previous address was:

[ ]

[ ]

[ ]

[ ]

Postcode: [ ][ ][ ][ ][ ][ ][ ][ ]

Postcode: [ ][ ][ ][ ][ ][ ][ ][ ]

Telephone No: [ ]

What date did you move to this address?

[D][D][M][M][Y][Y]

What date did you move out of this address?

[D][D][M][M][Y][Y]

Why did you move?

[ ]



## 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. Incapacity Benefit)

## Part 3—About where you live

Do you pay rent for where you live?  Yes—Please answer all questions below  
 No—Go to Part 8

What sort of building do you live in? *(please tick one box only)*

- |   |  |
|---|--|
| <input type="checkbox"/> Detached House                     | <input type="checkbox"/> Flat in a house                 |
| <input type="checkbox"/> Caravan, mobile home or houseboat  | <input type="checkbox"/> Semi-detached house             |
| <input type="checkbox"/> Flat in a block                    | <input type="checkbox"/> Terraced house                  |
| <input type="checkbox"/> Flat over a shop                   | <input type="checkbox"/> Hotel                           |
| <input type="checkbox"/> Board and lodgings                 | <input type="checkbox"/> Maisonette                      |
| <input type="checkbox"/> Bedsit or rooms or a studio flat   | <input type="checkbox"/> Detached Bungalow               |
| <input type="checkbox"/> Hostel                             | <input type="checkbox"/> Residential nursing home        |
| <input type="checkbox"/> Residential Care Home              | <input type="checkbox"/> Semi-detached bungalow          |
| <input type="checkbox"/> Other <i>(please give details)</i> | <input style="width: 500px; height: 20px;" type="text"/> |

Does your home have central heating?  Yes  No

Does your home have a garden?  Yes  No

Does your home have a garage?  Yes  No

Does your home have a parking space?  Yes  No

How many floors are there in the building?

Does your home occupy only part of the the building you have ticked?  Yes  No

If yes, where in the building do you live?  At the front  In the middle  At the back

Which floor do you live on?   
*(e.g. ground floor, first floor)*



### Part 4—About where you live (continued)

How many rooms are there in the building?

	In the whole building	Just for you and your household	That you share with other people
Living Rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting Rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Part 5—About rent

What is your landlord's full name and business address?

*(By landlord we mean the person who owns the property you live in)*

  
  
  


If your landlord has an agent tell us their full name and address?

*(By agent we mean the person or organisation you actually pay rent to)*

  
  


Are you, your partner, or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or agent's partner?

Yes

No

*Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.*

If yes, what is the relationship?

What sort of tenancy do you have?

*For example, shorthold, assured tied rent.*

Do you have a tenancy agreement?

Yes  No

*Please provide all pages of it with this form*

How long is the tenancy for?

 /  /  to  /  / 

What is the property let as?

Furnished  Part furnished  Hardly any furniture  Unfurnished

*Tick the box that applies.*

How much rent do you pay and how often?

*For example, every week, every fortnight, every four weeks or monthly.*

£  every

Does anyone else share the rent with you and your partner?  Yes  No

If yes, please tell us their names and how much of the rent they pay.





## Part 5—About rent (continued)

Do you have any weeks when you do not have to pay any rent?

Yes

No

How many in a year?

Are you behind with your rent?

Yes

No

By how many weeks?

## Part 6—Services

Does your rent include money for the following?

Council Tax/Water Authority Charges

Yes - how much?

No

£  every

Heating

Yes - how much?

No

£  every

Lighting

Yes - how much?

No

£  every

Hot Water

Yes - how much?

No

£  every

Fuel for Cooking

Yes - how much?

No

£  every

Laundry

Yes - how much?

No

£  every

Cleaning room or windows

Yes - how much?

No

£  every

Gardening

Yes - how much?

No

£  every

Personal Care and Support

Yes - how much?

No

£  every

Do you pay any service charges separate from your rent?

Yes - how much?

No

£  every

*For example for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals or lift maintenance.*

If yes, what is this charge for?





## Part 7—How do you want to get paid?

Please indicate below how you want your Housing Benefit to be paid:

I wish Housing Benefit to be paid to myself

I authorise payment to my Landlord

I authorise payment to my Landlord's Agent

## Part 8—Anything else you need to tell us/Changes in income

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.

**Please make sure that you provide your tenancy agreement.**

**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:



## Part 9 Payments by BACS

Housing Benefit is paid four weekly in arrears by BACS and transferred directly to your bank account. Payments cannot be sent to any other bank account other than that of the person signing this agreement (or a limited company's bank account if applicable)

Please provide details of the Bank Account you wish to use with the Direct Payment Agreement

Bank/Building Society Name	
Bank Address	
Account Holder Name(s)	
Account Number	
Sort Code	

### PLEASE PROVIDE PROOF OF YOUR BANK ACCOUNT

(such as a recent bank statement or letter from your bank confirming your account)

Do not delay returning your form if you cannot get this certificate filled in straight away. Detach Section B and return the rest of the application form to the Housing Benefits Office.

## Part 10 Payment Mandate

### Paying your Housing Benefit direct to your Landlord

If you want us to pay your Housing Benefit direct to your Landlord, please fill in **Section A** below.

Please ask your Landlord or his Agent to fill in **Section B**.

**Section A** (to be filled in by you)

Your Name (please write in Capital letters)

Your Address

  
  
  


*Postcode*

Your Landlord or Agent's Name

Your Landlord or Agent's Address

  
  
  


*Postcode*

Please pay my Housing Benefit straight to my landlord or agent.

I understand that you may not agree to this.

I understand that you can end this agreement any time.

I will give you four weeks notice if I want to end this agreement.

Signature

Date

 /  /



## Part 10 Landlord Direct Payment Agreement Section B

### Landlord/Agent's Declaration (please delete as appropriate)

This must be completed in order to receive payments.

### Please supply the following

If you are trading as, but are not a limited company you must provide your full name and home address.

**Landlord / Agent's Title** *Mr, Mrs, Miss, Ms*

**Business Name**

**Business Address**

<i>Postcode</i>
<i>Tel</i>
<i>Email</i>

**Home Address Details**

Not needed if a limited company

<i>Postcode</i>
<i>Tel</i>
<i>Email</i>

Please indicate which address you wish any correspondence to be sent – Business / Home

Have you received Direct Payments from Inverclyde Council before?

NO

YES

**Name and address for the tenant, to whom this agreement relates**

Name of Tenant

Address

<i>Postcode</i>

**Are you the owner of this property?**

NO

YES

If you are not the owner of this property, but are the owner's agent, please provide the owner's details on the next page.





## Part 10 Landlord Direct Payment Agreement Section B cont

### Property Owner Details

Last Name

First and Middle Names

Address

*Postcode*





## Part 11 *Landlord / Agent Declaration*

Please read and sign the following declaration.

If payments are to be made in joint names both persons must sign below.

I agree to accept any Housing Benefit due to my tenants directly from Inverclyde Council and understand that:

- **I must** tell the Benefits Services if the tenant moves out, or changes rooms, his or her rental liability changes, or any other changes in his or her circumstances that I am aware of. I am aware that failure to notify promptly of a change of circumstances, make false statements or knowingly allow a person to make a false declaration is an offence and may result in criminal proceedings being taken against me.
- **I must** repay any Housing Benefit which is overpaid to me, and that failure to comply may result in either:-  
Recovering any outstanding overpayments directly from other tenant's entitlement to benefit, which is paid directly to myself, in accordance with the Social Security Administration Act 1992.

**Those tenants are protected and deemed to have paid rent to the value of the recovery made.**  
Direct payments being withdrawn and further action being taken against me.

- I understand that this agreement covers any of my tenants who claim Housing Benefit and for whom I receive direct payments.
- I must advise Inverclyde Council immediately, in writing, of any change to the Bank details or address details supplied on this form.

**I understand I have the right to appeal against the decision to recover an overpayment from me within one calendar month of the date of the decision letter.**

Landlord / Agent  
signature(s)

Last Name

First and Middle Names

Date

If Ltd. Company  
Please state position

**It is an offence for any person(s) to make false declarations, or false representations, for the purpose of obtaining Housing Benefit either for themselves, or someone else and anybody doing so may be liable for prosecution.**

**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](mailto:benefitenquiries@inverclyde.gov.uk)  
[www.inverclyde.gov.uk](http://www.inverclyde.gov.uk)

**OFFICE USE ONLY**

CHANGE	DECISION MAKER	DATE
FURTHER INFORMATION LETTER REQUESTS		





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