

Change of Circumstances: General

Telephone enquiry 01392 265440 Fraud Hotline 0800 328 63 40 Return this form to: Housing Benefits Office, Civic Centre Paris Street

Exeter

For office use only				
Reference:				
Logged:				
Office Stamp				

Part 1	EX1	1JW				
Do you have a par	rtner? Yes No	· · · · · · · · · · · · · · · · · · ·	D 4	1 / 1		
Your details		<u>You</u>	<u>ır Partner's (</u>	details		
Name		Name	2			
Title (Mr,Mrs,Miss)		Title	(Mr,Mrs,Miss)			
National Insurance Number		Numb				
Date of birth		Date	of birth			
Address Include room or flat No.	Post code					
E-mail Address						
Home phone number		Mobi	le phone number			
Part 2 Tell us about your changed circumstances						
When did / will this chan	ge nappen?					
Ensure that you tell us cle your claim to reflect this c		Remember to su	pply us with evide	ence so that we can amend		

Part 3

If someone other than the person claiming has filled in this form please explain below:

I confirm that I have read each question to the person claiming benefit and I have accurately recorded their answers.				
Name of person who filled in the form:				
Relationship to person claiming:				
I was asked to complete this form because:				
Signature:				
Declaration				
Please read the statements carefully & sign below. We cannot deal with your claim if you haven't signed this declaration.				
I understand the following: The information I have given on this form is correct and complete. If I give information that is incorrect or				
incomplete, you may take action against me; this could include prosecution.				
You will use the information I have provided to process my claim for Housing and or Council Tax Benefit. You can check the information with other sources as allowed by law. This includes sending a certificate of earnings direct to my employer if necessary.				
You may give information to other organisations, such as government departments and local authorities as allowed by law.				
I know I must let Exeter City Council know about any change to my household or financial circumstances.				
Your Signature: Your Partners Signature:				

DO NOT DELAY IN RETURNING THIS FORM even if you are waiting for more information to give us that will complete your claim