



BOROUGH OF HYNDBURN
HOME OF THE ACCRINGTON PALS

**BENEFITS, REVENUES
AND CUSTOMER CONTACT**
Accrington Town Hall
Broadway Offices
Accrington
BB5 1EZ

Changes to savings and capital

Section 1: About you

| | |
|--|--|
| 1. Your Housing Benefit Reference | |
|--|--|

| 2. Please provide details for you and your partner if you have one: | You | Your partner |
|--|------------|---------------------|
| Name | | |
| Date of birth | | |
| National Insurance Number | | |

| 3. Please provide your address | |
|---------------------------------------|--|
| Address | |
| Postcode | |
| Telephone Number | |

Section 2: changes to your savings and capital

4. Your Savings and Capital

Have your or your partner's **saving and/or capital** changed? If so, please tell us about all changes to your and your partner's saving and/or capital below.

If you have not had any changes, please leave this section blank.

If your or your partner's savings and/or capital have changed, you must provide proof of the changes. Proof can be

- your bank statements,
- your building society statements,
- your investment statements
- National Savings Certificates

| Type of saving or capital e.g. name of account | Date of change | Details of change and current balance |
|---|-----------------------|--|
| | | |
| | | |
| | | |

Section 3: Other changes

5. Changes affecting people who live with you.

If someone in your household, other than you or you partner has had a change in their income, capital, savings or employment, please use this space to tell us about it.

If anyone living with you has not had any changes, please leave this section blank.

| | First person | Second person |
|--|-------------------------------|-------------------------------|
| Full name | | |
| Date of change | | |
| Change of employment or starting work | | |
| New hours per week | | |
| New earnings before any deductions. | £ a week | £ a week |
| Change to benefits including Income Support, Income Based Job Seeker's Allowance, or Pension Credit, Disability Living Allowance or Attendance Allowance. | | |
| Details of change | | |
| Changes to other income | | |
| Where does this income come from? | | |
| How much is it before deductions? | | |
| Where does this income come from? | | |
| How much is it before deductions? | | |

6. Please use this space to tell us about any other changes you have had and have not been included in any of the other questions on this form. This can include:

- Someone starting a full time education course,
- Child benefit has stopped for a person aged 18, 19 or 20
- Someone living with you has had a baby
- Changes to the rent someone pays to you

Section 4: Declaration

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

Please read this declaration carefully before you sign it:

- I understand that this claim form is made to you, my local council.
- I confirm that as far as I know, this information I have provided on this form is correct and complete
- I understand that if I have given information that is incomplete or incorrect that you may take legal action against me
- I agree that you will use the information provided to process my claim for Housing or Council Tax Benefit, or both, you may check some of the information with other sources as the law allows.
- I know that I must let you know in writing straight away about any change in my circumstance that could affect my claim.

- The council will use your information in line with the Data Protection Act 1998. We have a duty to protect public funds and we may use the information you have given us or share it with other organisations to prevent and detect fraud.

- The council will also share your information if we have a legal duty to do so, or where we believe that by doing so we can provide you with a better standard or service.

| | |
|---|--|
| Signature of the person claiming | |
| Please print your name here | |
| Date | |

If this form has been completed by someone other than the claimant or claimant's partner, please tell us why you are filling this form in on behalf of the claimant.

| |
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| |
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| | |
|---|--|
| Your name if you have completed this form for the claimant | |
| Your signature | |
| Your relationship to the claimant | |
| Date | |

Sharing information with your Landlord.

Sharing information with your landlord could help us to deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed. If you give us permission, we would be able to tell your landlord whether:

- You have claimed Housing Benefits
- We have made a decision on your claim, or
- We need more information to make a decision on your claim.

We will not give your landlord any information about:

- Your personal household circumstances, or
- Your financial circumstances

It will not affect your claim if you do not give us permission to discuss your claim with your landlord. If you want to give us permission to discuss your claim with your landlord, please sign below.

| | |
|---------------------------------|--|
| Signature | |
| Full name (please print) | |
| Date | |

Sharing information with someone else.

If you would like to give anyone else permission to discuss your claim with us, you can do so by telling us about them here.

| | |
|----------------------------------|--|
| Their name | |
| Their relationship to you | |
| Your signature | |
| Date | |

Section 5: What to do next

In order to prevent an overpayment of your benefit, your claim has been suspended until we have received the information we need as well as any supporting documents.

If we do not receive this form within 1 calendar month of the date you told us about these changes, we will assume that you no longer wish to claim benefit and your claim will be cancelled.

Supporting Documents

To support your claim, you may need to provide supporting evidence or documents. We will only accept original documents, not photo copies. We will return all original documents to you.

Please use this box to list the information the information or documents you have provided to support your change of circumstances, such as proof of income for the new member of your household..

If you are not able to provide all documents, please tell us here. You have one calendar month from submitting this form to provide this information. If you do not provide this information, your claim will be cancelled

Where to send your documents

You have several options for returning this information:

You can drop it in our post box: Our post box is on the right hand side of the automatic doors at the Broadway entrance to our offices. This sign-posted steel post box is secure and can be used 24 hours a day.

Post your documents to us at the following address:

Hyndburn Borough Council
Housing and Council Tax Benefits
Accrington Town Hall
Broadway
Accrington
BB5 1EZ

[Contact us](#)

For help with your application, for any other enquiries or to book an appointment to see us in person, please contact us using the following details:

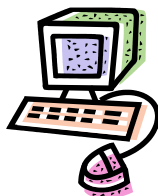
- Use our e-services online at www.hyndburnbc.gov.uk/benefits
- By email – enquiries@hyndburnbc.gov.uk
- By telephone – 01254 388 111

Please call or email our Customer Contact Centre, we are open:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|----------------|------------------|-----------------|---------------|
| 9:00 – 17:00 | 09:00 – 17:00 | 10:00 – 17:00 | 09:00 – 17:00 | 09:00 – 17:00 |

Please send or bring ORIGINAL DOCUMENTS ONLY – we cannot accept photocopies.

BENEFITS ONLINE



**Check your Benefits, Council Tax and Business Rates
on-line.**

Register at:

www.hyndburnbc.gov.uk

to get your unique PIN number