

Accrington Town Hall

Broadway Offices

Accrington

BB5 1EZ



Make a Written Statement

You must complete this form if you claim Housing Benefit and/or Council Tax Support and you need to make a written statement in reply to us if we have asked you for some further information in order to process or update your claim.

Please provide as much information as you can in your written statement in order for us to process your application for Housing Benefit and/or Council Tax Support correctly.

It is important that you try to make it clear in your written statement –

- What details have changed
- When the change happened
- Which member of your household the change relates to, for example, you, your partner, your child etc.

You will need to provide any relevant proof of all of the income that you declare on this form.

You can provide this information either by post to the address at the top of this page or by dropping it into our secure post box using one of our document return envelopes. You do not need an appointment to bring this form in.

Our Broadway Office is open:

Monday	Tuesday	Wednesday	Thursday	Friday
09.00 – 16.45	09.00 – 16.45	10.00 – 16.45	09.00 – 16.45	09.00- 16.45

If you have any further questions about your account please contact us

- By telephone – 01254 388 111
- By email – enquiries@hyndburnbc.gov.uk
- Online – www.hyndburnbc.gov.uk/benefits

Check your Benefits, Council Tax and Business Rates on-line. Register at www.hyndburnbc.gov.uk to get your unique PIN number

Section 1: About you

Benefit Reference Number	8	0							
Your Name									
Address									
Telephone number									
Email address									

I wish to inform you of the following:

--

Section 2: 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 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 know that I must let you know in writing straight away about any change in my Circumstance that could affect my claim
- I understand and agree that the information help by you for the purposes of me claim may be shared with the Local Education Authority for the purpose of determining a child's eligibility for free school meals or any other benefit, and with Lancashire County Council on One Connect for the purpose of determining my entitlement to a Social Fine Loan or other similar benefit.

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