



**Confirmation of a change of address within the BCP area**

**Please complete and return this form immediately.**

**You have a maximum of one month from the date of change to tell us; otherwise you may lose out.**

Claim reference:

Claimant

Partner

Name:	<input type="text"/>
Nat Ins No.	<input type="text"/>
Date of birth:	<input type="text"/>

Name:	<input type="text"/>
Nat Ins No.	<input type="text"/>
Date of birth:	<input type="text"/>

Previous address \_\_\_\_\_

What date did you vacate your previous address? \_\_\_\_\_

New address: \_\_\_\_\_

Tel no: \_\_\_\_\_ Email: \_\_\_\_\_

I confirm I moved into my new address on \_\_\_\_\_ and I wish to continue claiming Housing Benefit and/or Council Tax Support at my new address.

Who is liable for the Council Tax? \_\_\_\_\_

**We need the new tenancy agreement or a certificate of rent before payments can be made, but do not delay returning this form if these are not available.** (this not required for Local Authority tenants)

I confirm I am now a:

Local Authority tenant  Private tenant  Owner  Housing Association Tenant

The following people (including children and joint tenants/owners) live with me

Full name	Relationship to me	Date of birth	Do you get child benefit for this person? Y or N

My new landlord is \_\_\_\_\_

and their address is \_\_\_\_\_

Are you, your partner or any of your children related to your landlord or landlord's agent? No  Yes

If yes, please specify relationship

Have you or your partner ever owned this property? No  Yes

Does this property come with your job? No  Yes

How long is your tenancy?  To

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

If yes, tell us their names and their relationship to you and your partner

How much rent do you pay? £  every   
(E.g. every week/4 weeks/calendar month)

What type of tenancy is it? (shorthold, assured, tied etc)

Please tick to show if the property is let as  
Furnished  Partly furnished   
Unfurnished  Minimally furnished

**Please tick to confirm, if any of the following services are included in your rent.**

Lighting <input type="checkbox"/>	Laundry <input type="checkbox"/>	Water authority <input type="checkbox"/>	Alarm <input type="checkbox"/>
Heating <input type="checkbox"/>	Communal services <input type="checkbox"/>	Fuel for cooking <input type="checkbox"/>	Cleaning <input type="checkbox"/>
Hot water <input type="checkbox"/>	Gardening <input type="checkbox"/>	TV licence <input type="checkbox"/>	
Meals <input type="checkbox"/>	Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
Care, support or <input type="checkbox"/>	£ <input type="text"/>	Other (give details) <input type="text"/>	

**What type of building do you live in? Tick one box only**

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"/>	Board and lodgings <input type="checkbox"/>
Terraced house <input type="checkbox"/>	Flat over a shop <input type="checkbox"/>	Hotel <input type="checkbox"/>
Maisonette <input type="checkbox"/>	Bedsit or rooms <input type="checkbox"/>	Residential nursing home <input type="checkbox"/>
Bungalow <input type="checkbox"/>	Hostel <input type="checkbox"/>	Residential care home <input type="checkbox"/>
Semi-detached bungalow <input type="checkbox"/>	Other <input type="text"/>	

Does your home have central heating? No  Yes

Does your home have a garage or parking space? No  Yes   
If garage, do you have to rent the garage as part of your tenancy agreement? No  Yes

If Yes, please indicate which:

If Yes, how much each week? £

How many floors are there in the building?

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

Do you and your household occupy only part of the building you have ticked?

No

Yes

Where in the building do you live?

At the front left

In the middle

At the back left

In the middle left

At the front right

In the middle right

At the back right

**How many rooms are there in the building?**

In the whole building

Just for you and your family

That you share with joint tenants

That you share with other people

Living or dining rooms

Bedsitting rooms

Bedrooms

Bathrooms or shower rooms

Toilets

Combined toilet and bathroom

Kitchen

Other rooms

**Do you use your home for business?**

No

Yes

**How do you want us to pay your Housing Benefit?**

Direct into my bank account every 4 weeks

My bank details (not a Post Office Card or ISA account) are as follows:

Name of bank or building society:

Address

Whose name is the account in?

Account Number

Sort Code

Roll/Reference Number (if applicable) :

If you are the tenant of a Registered Social Landlord you may choose how you wish to be paid, either to yourself or to your landlord every 4 weeks. If you are not the tenant of a Registered Social Landlord your entitlement will generally be paid to you as the Council is only permitted to pay your landlord direct in very exceptional circumstances.

Payment to landlord

I give permission for you to discuss my claim with my landlord (optional)

We will not give your landlord any information about your personal, financial or household circumstances

**Has anything else changed that you haven't told us about?**

If it has, such as your income increasing or decreasing, or other benefit stopping or starting, please use the space overleaf to provide details, including dates and supporting evidence of the change.

Please use this space to provide additional information or confirm any other changes, providing dates of change and any supporting evidence. (wage slips, bank statements etc)

**Declaration**

**Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct. But they do not have to sign.**

Your personal information will be held and used in accordance with the requirements of the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. We may use any information you have provided in connection with this and any other claim for social security benefits that you have made or may make. We may give some information to other organisations, such as government departments, local authorities and private sector companies such as banks and organisations that may lend you money, if the law allows this.

We may check information that you have provided or that has been provided about you against relevant information that we already hold to make sure that it is accurate. We may also lawfully disclose information to other public-sector agencies and Credit Reference Agencies to:

- Prevent or detect benefit fraud and any other crime
- To support national fraud initiatives
- To protect public funds

More information about how we collect and use information can be found on our website:

[www.bcpCouncil.gov.uk/privacyRBB](http://www.bcpCouncil.gov.uk/privacyRBB)

**Please read this declaration carefully before you sign and date it. I understand the following:**

If I give information that is incorrect or incomplete, you may take action against me. This may include court action.

**I know** I must immediately let the Council's Revenue & Benefits Services know about any change in my circumstances or income. I understand that if I fail to tell the Council's Revenue & Benefits Services of any changes in circumstances or income, an overpayment of benefit may occur which I will have to repay to the Council.

**I declare** the information I have given on this form is correct and complete.

Signature of person claiming		Date	
Partner's signature		Date	

If this form has been filled in by someone other than the person claiming, please tell us who you are and why you filled in this form.

As far as possible, I have confirmed with the person claiming that the answers I have written are correct.			
Name of person who filled in the form			
Signature of the person			
Relationship to the person claiming		Date	

**If the new address is in Bournemouth please return this form to Revenue & Benefits Services, Town Hall, St Stephens Road, Bournemouth, BH2 6EB. Tel 01202 451592 or email [benefits.bournemouth@bcpcouncil.gov.uk](mailto:benefits.bournemouth@bcpcouncil.gov.uk)**

**If the new address is in Christchurch or Poole please return this form to SVPP, PO BOX 722, Poole, BH15 2YE 0345 034 4569 or email [svpp@bcpcouncil.gov.uk](mailto:svpp@bcpcouncil.gov.uk)**