



**NORTH AYRSHIRE
COUNCIL**

FINANCIAL SERVICES

CHANGE OF CIRCUMSTANCES

SURNAME :

FIRST NAME :

Address _____

Telephone No: _____

Age 60 or over 59 or under

Claim Number: _____

Write below details of any changes since your last application.

DATE OF CHANGE :

DETAILS OF CHANGE : *Please see notes on reverse*

N.B. With a change of income, please enclose proof, such as wage slips, etc.

DECLARATION :-

I declare that to the best of my knowledge, the information given is true and complete.

I authorise the Local Authority to verify any information if they wish to do so. I understand that any Housing Benefit paid to me as a result of misleading statements deliberately given on this form will be recovered in full.

Signed :

Date :

Partner:

Please return the completed form, together with appropriate evidence, in the enclosed business reply envelope.

Please provide confirmation of your change as follows :

Someone leaving your property.

You must provide date they left and their new address

A change to anyone in the property's income/capital

You must provide date the income/capital changed and proof of new amount.

Someone moving into your property.

Please provide date they moved in and their previous address

Please provide their name, date of birth & national insurance number

Please provide proof of their income.

If they are a new child, please provide birth certificate.

If anyone in the property goes into hospital

You must provide the date of admission and the hospital concerned

If anyone in the property starts working or changes jobs

You must provide the name and address of their new employer

You must provide the date they started working for their new employer

You must provide proof of their new wages

A change of address

You must provide your name, address, and date of move.

You must also confirm if any other circumstances (e.g. income or Household) have changed because of the move.