

**Housing Benefit and Council Tax Support change of circumstance form for the end of Income Support, income based Jobseekers Allowance, income related Employment and Support Allowance, starting work and other changes** [www.merton.gov.uk/benefits](http://www.merton.gov.uk/benefits)



**For our use only**

Date issued:  
Case Ref:

Date suspended:  
Doc Type: **HBMNTCLM**

**Important time limits for returning this form:**

You have one calendar month to return this form from the date we wrote to you to suspend your claim. If you need more time, you must let us know by phoning **020 8274 4903** or emailing us at

**housing.benefits@merton.gov.uk**

**Returning the form completed:** Please post this form to **Merton Benefits Service, PO Box 610, Morden SM4 5ZT** or bring it in to **Merton Link, London Road, Morden SM4 5DX** on a Monday or Friday only.

	You	Your partner
<p><b>Part 1 About you and your partner.</b></p> <p>Last name First names Title (Mr, Mrs, Ms and so on) Address  Postcode Your Housing Benefit/Council Tax Support reference number Date of birth National Insurance number</p>	<p>..... ..... ..... ..... ..... ..... ..... / ..... / ..... .....</p>	<p>..... ..... ..... ..... ..... ..... ..... / ..... / ..... .....</p>
<p><b>Part 2 About Income Support, income-based Jobseekers Allowance and income related Employment and Support Allowance.</b> Proofs we will accept are letters from the Department for Work and Pensions or Jobcentre Plus.</p> <p>Have you re-applied for Income Support, income-based Jobseekers Allowance or income related Employment and Support Allowance? If No go to Part 3. If Yes go to Part 11.</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>
<p><b>Part 3 About Pension Credit.</b> Proof we will accept is the full letter from the Pension Service.</p> <p>Have you applied for Pension Credit? If No go to Part 4. If Yes fill in this Part.</p> <p>Do you get Pension Credit? If Yes go to Part 8.</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>
<p><b>Part 4 About working for an employer.</b> If you have just started a job, use the earnings certificate on page 7 or give us your first payslip.</p> <p>Do you or your partner work for an employer? If No go to Part 5.</p> <p>What is your employer's name and address? Including postcode.</p> <p>When did you start this job?</p> <p>Is this expected to last at least five weeks?</p> <p>How often do you get paid?</p> <p>How much do you get paid (include overtime and tips)?</p> <p>How many hours a week do you do?</p> <p>Do you pay into a private or company pension?</p> <p>If Yes how much and how often?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>..... ..... ..... / ..... / ..... No <input type="checkbox"/> Yes <input type="checkbox"/> Every..... £..... ..... No <input type="checkbox"/> Yes <input type="checkbox"/> £..... Every.....</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>..... ..... ..... / ..... / ..... No <input type="checkbox"/> Yes <input type="checkbox"/> Every..... £..... ..... No <input type="checkbox"/> Yes <input type="checkbox"/> £..... Every.....</p>

	<b>You</b>	<b>Your partner</b>
<p><b>Part 5 About any other work.</b> We must see proof of any earnings before we can decide if you qualify for benefit.</p>		
Do you or your partner do any work at all other than you told us about in Part 4? If No go to Part 6. If Yes fill in this Part.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What kind of work do you do?	.....	.....
What is the name and address of the person or organisation you do this work for?	..... ..... .....	..... ..... .....
When did you start this work?	..... /..... /.....	..... /..... /.....
Is this expected to last at least five weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you get paid? If you only get expenses or tips, still tick Yes and give details.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes how much?	£.....	£.....
If Yes how often?	Every.....	Every.....
<p><b>Part 6 About being self employed.</b> If you have just started a new business, ask for our self-employed income form. Otherwise, we must see your latest trading accounts showing profit and loss.</p>		
Are you or your partner self employed? If No go to Part 7. If Yes fill in this Part.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What kind of work do you do?	.....	.....
When did this business start?	..... /..... /.....	..... /..... /.....
Is this expected to last at least five weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is the business address?	..... ..... ..... .....	..... ..... ..... .....
How many hours a week do you work?		
Do you get the New Enterprise Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes how much do you get?	£.....	£.....
If Yes how often?	Every.....	Every.....
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes how much?	£.....	£.....
If Yes how often?	Every.....	Every.....

	You		Your partner	
<p><b>Part 7 About being a student.</b> We need to see proof of your loan, grant or busary. We will accept your student loan, grant notice or NHS bursary award letter.</p> <p>Are you or your partner a student? If No go to Part 8. If Yes fill in this Part.</p> <p>Is the course full time or part time?</p> <p>How much is your student loan, or busary grant for the academic year?</p> <p>Do you get a childcare grant?</p> <p>If Yes how much is the childcare grant?</p> <p>When does the course start and end?</p> <p>Please tell us your nationality.</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>.....</p> <p>£.....</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£.....</p> <p>Start ..... /..... /.....</p> <p>End ..... /..... /.....</p> <p>.....</p>		<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>.....</p> <p>£.....</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£.....</p> <p>Start ..... /..... /.....</p> <p>End ..... /..... /.....</p> <p>.....</p>	
<p><b>Part 8 About pensions, allowances, benefits and tax credits.</b> We need proof such as letters from the Pension Service, pension provider, Department for Work and Pensions or H M Revenue and Customs.</p> <p>Are you or your partner getting or waiting to hear about any pensions, allowances, benefits or tax credits? (Read the list below first.) If No go to Part 9. If Yes fill in the amount and how often.</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>		<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	
	Amount	How often	Amount	How often
State Retirement Pension				
Work or private pension				
Widow's Pension				
War Widow's / Widower's Pension				
War Disablement Pension				
Widowed Mother's Allowance				
Disability Living Allowance Care Component				
Disability Living Allowance Mobility Component				
Carer's Allowance				
Severe Disablement Allowance				
Attendance Allowance				
Universal Credit				
Contribution-based Employment and Support Allowance				
Contribution-based Jobseeker's Allowance				
Child Benefit				
Long-term Incapacity Benefit				
Personal Independence Payment - Daily Living				
Personal Independence Payment - Mobility				
Industrial Injuries Benefit				
Child Tax Credit				
Working Tax Credit				
Other income (please tell us what)				

	<b>You</b>	<b>Your</b>
<b>Part 9 About other money coming in</b>		
Do you or your partner, or any children you are claiming for, have any money coming in that you have not already told us about on this form? If No go to Part 10. If Yes give us details below. Include maintenance or child support for you, your partner or any of the children and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or sub-tenants.		
Other money 1	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Who gets it?	.....	.....
How much do they get?	£.....	£.....
How often?	Every.....	Every.....
Other money 2	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Who gets it?	.....	.....
How much do they get?	£.....	£.....
How often?	Every.....	Every.....
<b>Part 10 About outgoings</b>		
Do you or your partner pay towards a grant to support a child in higher education, or for a registered childminder or play-scheme? If No go to Part 11. If Yes answer this part in full.		
Do you or your partner pay towards a grant to support a child in higher education?		
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes how much do you or your partner pay?	£.....	£.....
If Yes how often?	Every.....	Every.....
Do you or your partner pay a registered childminder to look after your child (or children) who is under 12, or a registered play-scheme to look after your child (or children) up to the age of 15?		
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes give the child's name	.....	.....
If Yes how much do you pay?	£.....	£.....
How often?	Every.....	Every.....
What is the name and address of the childminder or play-scheme?		
.....		
.....		
If you have a childminder, are they registered with the Office for Standards in Education (OFSTED)?		
If Yes what is the registration number?		
.....		
Your childminder's or play-leader's signature		

## Part 11 About current, deposit or savings accounts, investments and capital

Do you or your partner have any current, deposit or savings accounts, investments or capital (including bank and building society accounts)?

No  Yes

This includes accounts with small balances and overdrawn accounts, post office accounts, TESSA, PEP, ISA accounts, premium bonds, National Savings Certificates, stocks, shares and unit trusts.

If No go to Part 12. If Yes answer all the questions in this Part. We need to see proof of bank, building society accounts and premium bonds. We will accept the last two original bank or building society statements showing all transactions. Automated Telling Machine (ATM) prints are not acceptable normally.

Details of first bank account

Name of bank

Account number

How much is in the account?

£

Details of second bank account

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Details of first building society account

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Details of second building society account

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Details of third building society account

Whose name is the account in?

How much is in the account?

£

Do you or your partner have premium bonds?

No  Yes

If Yes what is the value of them?

£

**Part 11 About current, deposit or savings Accounts, investments and capital (continued)**

Do you or your partner have any post office accounts? We need to post office account books, passbooks, premium bonds, National Savings Certificates and dividend statements for bonds, unit trusts and stocks and shares.	No <input type="checkbox"/> Yes <input type="checkbox"/>
First account.	Type of account
	Account number
	Whose name is the account in?
	How much is in the account? £
Second account.	Type of account
	Account number
	Whose name is the account in?
	How much is in the account? £
Do you or your partner have any National Savings Certificates?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes what are the issue numbers?	
Value	£ How many
Do you or your partner have any stocks, shares, bonds or unit trusts? If Yes tell us about TESSA's, PEP's and ISA's here.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Company name	
Do you or your partner own or partly own any land or property other than your normal home? If Yes what is the full address including postcode?	No <input type="checkbox"/> Yes <input type="checkbox"/> ..... .....

**Part 12 Data Protection**

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998. We have a duty to protect the public funds we administer and may use the information you have provided for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, go to [www.merton.gov.uk/nfi-fdp](http://www.merton.gov.uk/nfi-fdp) or contact the Data Protection Officer, by email: [data.protection@merton.gov.uk](mailto:data.protection@merton.gov.uk) or by phone 020 8545 4182. Further information is available from [www.ico.gov.uk](http://www.ico.gov.uk)

**Part 13 Declaration. Even if someone else has filled in this form for you, you must sign this declaration. If you have a partner, they should sign this declaration as well. Please read this declaration carefully before you sign and date it. I understand the following:**

- All the information given in this form is correct and complete.
- If I give information that is incorrect or incomplete, you may take action against me.  
This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Support, or both. You may check some of the information with other sources within the council, the Valuation Office Agency, Experian or Equifax Credit Reference Agencies, other councils and third parties as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for state benefits, allowances or tax credits that I have made or may make. You may give some information to other government organisations, other council departments and private-sector companies such as banks and organisations that lend me money, if the law allows this.

**I know I must let Merton Benefits Service know promptly in writing, about any change in my circumstances which might affect my claim. I declare the information I have given on this form is correct and complete.**

Your signature	Your partners signature	Date / /
----------------	-------------------------	----------

**Please return this form when completed to:**

Merton Benefits Service, P.O. Box 610, Merton Civic Centre, Morden, SM4 5ZT

For our use only Doc type: INCO Case Ref:
---

**CERTIFICATE OF EARNED INCOME**

**PRIVATE AND CONFIDENTIAL**

**Part A: To be completed by employee:**

Name .....

Address .....

Employee/Works No. .... National Insurance No. ....

Occupation ..... Signature .....

**Part B: To be completed by employer:**

I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning this form to your employee. If you hold a National Insurance number, which is different to that shown above, please insert it here.

Please indicate how often the employee is paid. If other applies please state the period.

Weekly  Fortnightly  4-Weekly  Calendar Monthly

Other (please specify) .....

Please tell us the method of payment. e.g cash, cheque, direct into bank account .....

Normal basic pay £ ..... Normal hours worked .....

Pay details for the last five weekly, three fortnightly, two monthly or one four-weekly periods (include overtime, bonus, Statutory sick pay, maternity or paternity pay). If Statutory Sick Pay or Maternity Pay is included in the gross pay please indicate clearly which and how much.

Pay period ending	No of hours worked	Gross pay. Include overtime, bonus etc.		National Insurance contributions		Tax paid by employee		Pension contributions	
		Pay period ending	Year to date	Pay period ending	Year to date	Pay period ending	Year to date	Pay period ending	Year to date

Name of business .....

Business address .....

Business telephone no. ....

Position in business or Job Title .....

<p>I confirm that the information given is true and complete. Signature.</p>
--

<p>Please endorse with your business's authorisation stamp.</p>
---

## Request for document translation

### Change of circumstance form

If you need any part of this document explained in your language, please tick box and contact us either by writing or by phone using our contact details below.

- Albanian Nëse ju nevojitet ndonjë pjesë e këtij dokumenti e shpjeguar në gjuhën amtare ju lutemi shenojeni kutinë dhe na kontaktoni duke na shkruar ose telefononi duke përdorur detajet e mëposhtme.
- Bengali এই তথ্যের কোনো অংশ আপনার নিজ ভাষায় বুঝতে চাইলে, দয়া করে বাস্তবতে (বক্সে) টিক চিহ্ন দিন এবং চিঠি লিখে বা ফোন করে আমাদের সাথে যোগাযোগ করুন। নিচে যোগাযোগের বিবরণ দেওয়া হয়েছে।
- French Si vous avez besoin que l'on vous explique une partie de ce document dans votre langue, cochez la case et contactez-nous par courrier ou par téléphone à nos coordonnées figurant ci-dessous.
- Korean 만일 본 서류의 어떤 부분이라도 귀하의 모국어로 설명된 것이 필요하다면, 상자속에 표시를하고 우리에게 전화나 서신으로 연락하십시오.
- Polish Aby otrzymać część tego dokumentu w polskiej wersji językowej proszę zaznaczyć kwadrat i skontaktować się z nami drogą pisemną lub telefoniczną pod poniżej podanym adresem lub numerem telefonu.
- Portuguese Caso você necessite qualquer parte deste documento explicada em seu idioma, favor assinalar a quadricula respectiva e contatar-nos por escrito ou por telefone usando as informações para contato aqui fornecidas.
- Somali Haddii aad u baahan tahay in qayb dukumeentigan ka mid ah laguugu sharxo luqaddaada, fadlan sax ku calaamadee sanduuqa oo nagula soo xiriir warqad ama telefoon adigoo isticmaalaya macluumaadka halkaan hoose ku yaalla.
- Spanish Si desea que alguna parte de este documento se traduzca en su idioma, le rogamos marque la casilla correspondiente y que nos contacte bien por escrito o telefónicamente utilizando nuestra información de contacto que encontrará más abajo.
- Tamil இந்தப் பத்திரத்தின் எந்தப் பகுதியும் உங்களின் மொழியில் விளக்கப்படுவது உங்களுக்கு வேண்டுமானால், தயவுசெய்து பெட்டியில் அடையாளமிட்டு, கீழுள்ள எங்களின் விபரங்களைப் பயன்படுத்தி எழுத்துமூலமாக அல்லது தொலைபேசி மூலமாக எங்களைத் தொடர்புகொள்ளவும்.
- Urdu اگر آپ اس دستاویز کے کسی حصے کا ترجمہ اپنی زبان میں حاصل کرنا چاہتے ہیں تو دئیے گئے باکس میں صحیح کا نشان لگائیے اور ہمارے درج ذیل رابطے پر یا ٹیلیفون کے ذریعے یا پھر تحریری طور پر رابطہ کریں۔

Large print

Braille

Audiotape

#### Your contact:

Name.....

Address.....

.....

.....

Telephone.....

Merton Benefits Service  
PO Box 610  
Civic Centre  
Morden  
SM4 5DX