



HARBOROUGH DISTRICT COUNCIL

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New Member of the Household

| | | |
|--|--|---------------|
| Claim No: | Customers Name: | |
| Customers Address: | | |
| Telephone – Home: | Mobile: | Email: |
| Who has submitted the change? Full name: _____ Relationship to claimant: _____ Address if different from above: _____ | | |
| 1st New Household Member: | Date of Birth: | |
| | NINO: | |
| New member's previous address: | | |
| Relationship to Customer: | Date Moved In: | |
| Are they employed? YES / NO Date they started work: If yes please state name and address of employer: Please state occupation: How many hours a week do they work? How much do they get paid? | Are they in receipt of benefit? YES / NO If yes please state type and amount: | |
| 2nd New Household Member: | Date of Birth: | |
| | NINO: | |
| New member's previous address: | | |
| Relationship to Customer: | Date Moved In: | |
| Are they employed? YES / NO Date they started work: If yes please state name and address of employer: Please state occupation: How many hours a week do they work? How much do they get paid? | Are they in receipt of benefit? YES / NO If yes please state type and amount: | |

Other Information:

I wish to continue with my claim for Housing/Council Tax Benefit - YES / NO

Declaration – The information I have provided is a true statement. **I will endeavour to provide any information requested within 7 days** to ensure that my claim is dealt with as quickly as possible and I understand that any delay in providing information may result in my claim being held up. I accept that additional information may be required.

Please note – In total you have one month in which to provide all the information requested, if you do not provide the information within the time limit it may result in your claim receiving a nil assessment due to failure to supply the information

Signature:

Date:

Evidence check list :

Earnings – either 2 monthly/5 weekly or 3 Fortnightly payslips

State Retirement Pension

Occupational Pension

Guaranteed Pension Credit

Savings Credit

Attendance Allowance

Income Support

Job Seekers Allowance

Employment Support Allowance

Other Income

Capital under £6000 – list of all bank account numbers and their balances

Capital over £6000 – bank statements or pass books covering the last two months transactions

Child tax credit

Working tax credit

Child Benefit

Disability Living Allowance

Other – please list :

ALL EVIDENCE MUST BE ORIGINAL DOCUMENTS – PHOTOCOPIES WILL NOT BE ACCEPTABLE

We ask you to endeavour to provide the information requested within 7 days to ensure that my claim is dealt with as quickly as possible and any delay in providing information may result in my claim being held up. Additional information may be required that has not been requested on this form.

REMEMBER TO TELL US ABOUT YOUR FUTURE CHANGE IN CIRCUMSTANCES

If you don't tell us within one month of the change and the change means you get more benefit, we can only do the change from the Monday after you tell us. So you could lose benefit if you don't tell us in time.

NOT TELLING US ABOUT A CHANGE

could result in a Fraud investigation and possible prosecution