

**Change of Address Form  
Housing and Council Tax Support**



**Contact Centre** - 26-30 Horsemarket Street, Warrington, WA1 1XL

**Phone** - 01925 443210 (Local Rate) [www.warrington.gov.uk/home/residents/](http://www.warrington.gov.uk/home/residents/)

Name _____	Reference number _____		
Previous Address _____			
Postcode _____			
New Address _____			
Postcode _____			
Phone Number	Home _____ Mobile _____		
Date moved out	/ /	Date moved in/expect to	/ /
Tenancy start date	/ /	We will need to see your tenancy agreement. Either bring it to the address above or post it.	

Do you pay rent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much £
			How often
Are you a joint tenant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, who with _____			

Number of rooms in the building	Whole building	Used just by you	Shared with others
Living rooms			
Bedsitting rooms			
Bedrooms			
Bathrooms			
Toilets			
Kitchens			
Other rooms			

Landlords name _____	Landlords phone number _____
Landlords address _____	Postcode _____
Agents name _____	Agents phone number _____
Agents address _____	Postcode _____

**Sharing information with your landlord**

This can help us deal with your claim more quickly and help prevent rent arrears. We can still contact your landlord without your permission to query rent details, but we need your permission to discuss anything else. If you do give us permission, then we will be able to discuss payments, if you have claimed, if we have made a decision or we need further information and what that is. We will not give personal or household circumstances, or your financial circumstances to your landlord. You can withdraw your permission at any time.

**Sign here**

Are you, your partner or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or agent's partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, who is related an how?	
Do you pay rent to a trust which you, or any member of your household, are a trustee of or benefit from?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you pay rent to a company which you, or any member of your household, are an employee or director of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you live in this property as a condition of your employment contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you know your landlord before moving in?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever owned the property you are now renting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**How would you like your benefit paid?**

To you  To your landlord   
 (only if your landlord is a housing association)

Landlord Declaration (your landlord must complete this part if payment is to go to them)  
 I agree to accept Housing Benefit payments for this tenant  
 I understand that  
 I must tell you straight away if I find out about a change in the tenant's circumstances  
 You can stop paying benefit to me if I do not tell you about a change  
 I can be prosecuted if I accept Housing Benefit which I know I am not entitled to, and  
 if you pay me too much Housing Benefit for any tenant, I may have to repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Signed

**Bank Details**

What name or names is the account in?

Name of bank or building society  Account number   
 Sort code

Type of account

**Are there any other details you need to tell us about?**

No  Yes  (please use an extra page to explain)

Please confirm there have been no changes to - Your household members  (tick for no change)  
 - Any household income  (tick for no change)

**Declaration**

Even if someone else has filled in this form for you, you must sign this declaration if you can. Please read this declaration carefully before you sign and date it.

I declare that the information I have given on this form is correct and complete  
 I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action and a prison sentence of up to 10 years.

I agree that you will use the information I have provided to process my claim for Housing and/or Council Tax Benefit. You may check some of the information with other sources as allowed by law.

I understand that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You 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 me money, if the law allows this.

I know that I must let you know promptly and in writing about any change in my circumstances which might affect my claim.

Claimant signature  Date

If you have completed the form for someone else please give your name and relationship to the claimant  
 Name  signed  Date   
 Relationship