



CYNGOR BWRDEISTREF SIROL
COUNTY BOROUGH COUNCIL

COED PELLA, CONWAY ROAD,
COLWYN BAY
LL29 7AZ

For our use only

Reference number:

Date of issue:

Reason for
Issue

HOUSING BENEFIT, COUNCIL TAX REDUCTION, FREE SCHOOL MEALS AND SCHOOL UNIFORM GRANT/PUPIL DEVELOPMENT GRANT - CHANGE OF INCOME FORM

Part 1 Your details

Full name (including title)

Current address: (including room/flat number)

Landline

Mobile

Email

Preferred method of contact

Landline

Mobile

Email

By selecting e-mail as preferred method of contact any requests for information may be sent to the email address provided, and could be used for future contact with you. If any details change, you must inform our office promptly.

Benefit
reference:

National
Insurance no.

| Letters | Numbers | Letter |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date of birth

 / /

Part 2 New information

Please confirm the date your change in
circumstances occurred

 / /

Please give details of the change in circumstances

If you have any questions about your claim, please phone the Benefit Service or call into
Coed Pella, Conway Road, Colwyn Bay, LL29 7AZ

Benefits Customer Service: 01492 576491 BT Text Relay: 18001 01492 576491

Or by email on benefits@conwy.gov.uk

and by post to: Revenue & Benefits Assessment Service, CCBC, PO Box 1, Conwy LL30 9GN

Your call may be recorded for training and monitoring purposes

If you need a copy of this form in Welsh, Braille or large print please contact this office.

We also have access to an interpreting service called "The Big Word" which is a 24 hour
telephone interpreting service.

Mae'r ffurflen hon ar gael yn Gymraeg hefyd.

Part 3 About working for an employer

Do you or your partner work for an employer?

This includes getting Statutory Sick Pay, Statutory Paternity Pay, Statutory Maternity Pay and Councillor's Allowance?

No Go to **Part 4**.

Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

You

Your partner

What kind of work do you do?

What is your employer's name and address?

 Postcode

 Postcode

When did you start this job?

 / /
 / /

What is your payroll, employee or staff number?

Are you employed for a limited period?

No

Yes When will you finish?

 / /

No

Yes When will they finish?

 / /

How often do you get paid?

 Every

 Every

How much do you get paid before tax and National Insurance are taken off?

 £

 £

How are you paid?

For example, in cash, by cheque or straight into a bank or building society account.

When was your last pay rise?

 / /
 / /

When will your next pay rise be?

 / /
 / /

How many hours a week do you usually work?

Give details of any regular overtime, bonuses or commission.

Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP), Statutory Paternity Pay (SPP) from your employer at the moment?

No

Yes

No

Yes

Are you getting any other pay in addition to SSP, SMP and SPP?

No

Yes

No

Yes

Part 3 About working for an employer – continued

You

Your partner

Do you pay into a private or company pension scheme?

No

Yes How much?

£

How often?

Every

No

Yes How much?

£

How often?

Every

We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Page 13 to see what you can use as evidence.

Part 4 About any other work

Do you or your partner do any other work at all?

This could be voluntary work or any other work, even if it is not paid work.

No Go to **Part 5**.

Yes Answer the questions on this page.

You

Your partner

What other work do you do?

What is the name and address of the person you do this work for?

 Postcode

 Postcode

When did you start this work?

 / /
 / /

How many hours a week do you usually work?

Do you get paid?

If you only get expenses or tips, still tick 'Yes' and give details.

No

Yes How much do you get before any deductions?

£

How often?

Every

No

Yes How much do they get before any deductions?

£

How often?

Every

We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Page 13 to see what you can use as evidence.

Part 5 About other business interests or being self-employed

Are you or your partner a company director?

No

Yes We will write to you for more information.

Are you or your partner self-employed?

No Go to **Part 6**.

Yes Answer the questions on this page. You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

You

Your partner

What kind of work do you do?

When did the business start?

 / /
 / /

What is the business address?

 Postcode

 Postcode

Are there any other partners in the business?

No

Yes Tell us their name and address.

 Postcode

No

Yes Tell us their name and address.

 Postcode

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?

No

Yes How much?

 £

How often?

 Every

No

Yes How much?

 £

How often?

 Every

Do you pay into a private pension scheme?

No

Yes How much?

 £

How often?

 Every

No

Yes How much?

 £

How often?

 Every

Do you use your home for business?

No

Yes

No

Yes

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Page 13 to see what you can use as evidence.

Part 6 About you and your partner

What is your nationality?

You

Your partner

If your Nationality is Not British, on what date did you last enter the UK?

 / /
 / /

The UK is England, Northern Ireland, Scotland and Wales.

Do you or your partner get Disability Living Allowance, Personal Independence Payment or Armed Forces Independence Payment?

No

No

Yes How much?

Yes How much?

Care/Living £

Care/Living £

Please tick 'Yes' even if you or your partner have a vehicle from the mobility scheme.

Mobility: £

Mobility: £

Do you or your partner get Attendance Allowance?

No

No

Yes

Yes

Does anyone get Carer's Allowance for looking after you or your partner?

No

No

Yes

Yes

Are you or your partner entitled to Carer's Allowance but not receiving payment due to receipt of other benefits?

No

No

Yes

Yes

Are you or your partner a student?

No

No

Yes

Yes

Do you study full time or part time?

Do you study full time or part time?

Full time Part time

Full time Part time

How many years does the course last?

Which year are you/your partner in?

What date does this year's course start and end?

Start / / End / /

Start / / End / /

Do you or your partner receive a loan and/or grant?

No

No

If 'Yes', then we will need to see proof of this.

Yes

Yes

Part 7 Money you pay out (outgoings)

We only take account of the following three outgoings when we assess your entitlement to benefit.

Do you or your partner help to support a son or daughter who is under 25 and at university or college?

No

No

Yes

Yes

If 'Yes', send us proof of the course, term dates and how much money you give. Please send us the loan assessment form.

Do you or your partner pay any money into a personal pension scheme, but not through your employer?

No

No

Yes

Yes

If 'Yes', please send us the policy or scheme document.

Part 7 Money you pay out (outgoings) - continued

Do you or your partner pay a registered childminder, nursery or after-school club to look after any children under 15 (under 16 if they are disabled)?

Yes

No

Yes

No

If you pay for child care then part of this cost can be deducted from your income figure used to calculate your Housing Benefit and/or Council Tax Reduction.

If 'Yes', please send us proof of payments made and the childminder's or scheme's registration number, and fill in the boxes below.

| Name of child | Weekly amount you pay | Name, address and registration number of the childminder or scheme |
|---------------|-----------------------|--|
| | £ | |
| | £ | |
| | £ | |
| | £ | |

Part 8 About benefits and pensions

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Adoption Pay
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Contribution-based Jobseeker's Allowance
- Employment Support Allowance (contribution based)
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit

- Maternity Allowance
- Pension Credit (including Savings Credit)
- Severe Disablement Allowance
- State Retirement Pension
- Universal Credit
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's, Widower's Benefits or Widowed Parent's Allowance
- Working Tax Credit

No Go to **Part 9**.

Yes Tell us about the benefits below. Tell us the full rate of the benefits before any deductions.

If you are getting, or have claimed, any benefit that is not listed above, tell us below.

| | You | Your partner |
|---|------------------------------------|------------------------------------|
| The name of the benefit or pension | <input type="text"/> | <input type="text"/> |
| Waiting to hear | <input type="checkbox"/> | <input type="checkbox"/> |
| Getting now | <input type="checkbox"/> How much? | <input type="checkbox"/> How much? |
| | £ <input type="text"/> | £ <input type="text"/> |
| | How often? | How often? |
| | Every <input type="text"/> | Every <input type="text"/> |
| The name of the benefit or pension | <input type="text"/> | <input type="text"/> |
| Waiting to hear | <input type="checkbox"/> | <input type="checkbox"/> |
| Getting now | <input type="checkbox"/> How much? | <input type="checkbox"/> How much? |
| | £ <input type="text"/> | £ <input type="text"/> |
| | How often? | How often? |
| | Every <input type="text"/> | Every <input type="text"/> |

Part 8 About benefits and pensions – continued

| | You | Your partner |
|---|------------------------------------|------------------------------------|
| The name of the benefit or pension | <input type="text"/> | <input type="text"/> |
| Waiting to hear | <input type="checkbox"/> | <input type="checkbox"/> |
| Getting now | <input type="checkbox"/> How much? | <input type="checkbox"/> How much? |
| | £ <input type="text"/> | £ <input type="text"/> |
| | How often? | How often? |
| | Every <input type="text"/> | Every <input type="text"/> |

Part 9 About other money coming in

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

This includes occupational pensions; maintenance or child support for you, your partner or any of the children you have told us about on this form; money from a trust fund; Home Income Plan, payments from mortgage, loan or credit card payment protection policies; training allowances; a student grant or loan; and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants or from any other property. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

No Go to **Part 10**.

Yes Answer the questions on this page.

Other money 1

What is the money for?

Who gets it?

How much do they get? £

How often? Every

When did they start getting this income? / /

When is the income likely to go up? / /

Other money 2

What is the money for?

Who gets it?

How much do they get? £

How often? Every

When did they start getting this income? / /

When is the income likely to go up? / /

Part 9 About other money coming in – continued

Other money 3

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

When did they start getting this income?

/ /

When is the income likely to go up?

/ /

Does anyone owe money to you, your partner, or any children you are claiming for?

No

Yes What for?

How much?

£

Are you expecting to get any money in the next 12 months?

For example, a redundancy payment or a payment instead of notice or holiday.

No

Yes What for?

How much?

£

Have you or your partner delayed receiving any money?

For example, private pension, annuity, occupational pension.

No

Yes What is it?

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Page 13 to see what you can use as evidence.

Part 10 About bank accounts, capital, savings and investments

Tell us about all your bank and building society accounts (EVEN EMPTY AND OVERDRAWN ONES, OR ONES YOU DO NOT USE REGULARLY)

Do you or your partner have any capital, (including bank accounts) savings or investments in the UK or abroad?

This includes cash, current accounts and savings accounts with a bank or building society, Post Office accounts, Premium Bonds, National Savings Certificates, and stocks and shares.

No Go to Part 10a

Yes Answer all questions in this part.

We must see evidence of all capital, savings and investments if they add up to £6,000 or more if you are below State Pension Credit Age and £10,000 if you are State Pension Credit Age.

Part 10 About bank accounts, capital, savings and investments - continued

Do you or your partner have any Bank accounts?

This includes bonds.

No

Yes Tell us about all your **Bank accounts**, even empty or overdrawn ones. If there are more than two bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any Building Society accounts?

This includes bonds.

No

Yes Tell us about **Building Society accounts**, even if you do not use them regularly. If you have more than two building society accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any Post Office accounts?

This includes savings accounts and Girobank accounts.

No

Yes Tell us about **Post Office accounts**. If you have more than two post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Type of account

Account number

Whose name is the account in?

How much is in the account?

£

Type of account

Account number

Whose name is the account in?

How much is in the account?

£

Part 11 About having no income

Do you or your partner currently
have no income or had no income
for the period you wish to claim for?

No Go to Part 12

Yes Answer the questions on this page

Please explain why you have/had no income and how you meet/met your day to day living expenses.

WE MAY NEED TO SEE YOUR BANK STATEMENTS.

Part 12 Anything else you need to tell us

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

If you are sending separate sheets of paper with this form, tell us how many.

Part 13 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.

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.
- You will use the information I have provided to process my claim for Housing Benefit, Council Tax Reduction, Free School Meals, Pupil Development Grant/School Uniform Grant or a Financial Assessment for Home Care or Residential Care, or any of these. You may check some of the information with other sources as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies such as banks and organisations that may lend me money, if the law allows this.

To view Revenue and Benefits full Privacy Notice then please visit our website www.conwy.gov.uk/rbas/privacy

I know I must promptly let the Benefits Unit at Conwy County Borough Council know about any change in my circumstances which may affect my claim.

Failure to do so may result in you taking action against me, which may include court action.

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

Your Signature

Date

Your partner's signature

Date

If any part of this form has been filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

Part 14 Checklist

Please tick to tell us what evidence you are sending with this form. We must see original documents, not copies.

If you do not provide all the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one, and for any other adults living in your home.

If you cannot send the evidence we need at the moment, **SEND THE FORM BACK TO US NOW** and send the evidence later. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the evidence.**

Evidence of capital, savings and investments if they add up to £6,000 or more if you are below State Pension Credit Age and £10,000 if you are State Pension Credit Age. IF THEY ARE BELOW THIS THEN YOU DO NOT NEED TO PROVIDE EVIDENCE. (However, if you state that you have no income we may request bank statements)
Such as all your bank, building society or post office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest, or dividends you get on investments and savings. The evidence you send must show for at least the last two months.

Evidence of earnings

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month, or, ask your employer to fill in the Certificate of Earned Income on page 16 of this form.

If you have only just started work and cannot provide any payslips then please return this form straight away and ask your employer to complete the Forecast of Earnings on page 15 of this form.

PLEASE DO NOT DELAY SENDING IN THIS FORM IF YOU DO NOT HAVE THE NECESSARY WAGESLIPS, PLEASE RETURN THIS FORM STRAIGHT AWAY.

If you or your partner are self-employed, you must send us your most recent accounts. If you cannot provide these, or have only recently become self-employed, please contact our Benefits Customer Service on 01492 576491.

Evidence of other income

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

Evidence of benefits, allowances or pensions

Such as current award notices or letters from the Department for Work and Pensions confirming how much you get. If you do not have evidence, let us know straight away.

Evidence of other money paid out

Such as letters about student grants or maintenance, agreements or receipts from registered child carers.



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COUNTY BOROUGH COUNCIL

Forecast of earnings Private and confidential

To be filled in by the employee

Name

Address

Employee or works number Occupation Signature

To be filled in by the employer

Please help your employee by confirming the details above, providing the information asked for below and returning it to the address at the top of this letter.

What date did the employee start work?

How many hours a week will the employee normally work on average?

How often is the employee paid?
If 'Other', please give the period.

Every week

Every fortnight

Every four weeks

Every calendar month Other (Please give details.)

Please tell us how they are paid, for example, cash, cheque, direct into their bank account.

Please give me an estimate of his/her likely **GROSS AVERAGE EARNINGS** for a normal pay period. Include any regular overtime, tips bonus or commission.

£

Please tell me how much **INCOME TAX** will be deducted.

£

Please tell me the deduction for **NATIONAL INSURANCE CONTRIBUTIONS**.

£

Will any contributions to an OCCUPATIONAL PENSION SCHEME be deducted from his/her earnings?

No Yes

What is the amount or the percentage to be deducted?

Name

Business name

Business address

Business phone number

I confirm that the information given is true and complete.

Signature

Position in firm

Employer's authorisation stamp

Please give this form back to your employee straight away. Thank you for your assistance.
REVENUE & BENEFITS ASSESSMENT SERVICES.



**Certificate of earned income
Private and confidential**

To be filled in by the employee

Name

Address

Employee or works number Occupation Signature

To be filled in by the employer

Please help your employee by confirming the details above, providing the information asked for below and returning it to the address at the top of this letter.

What date did the employee start work?

How often is the employee paid? If 'Other', please give the period.

Every week
 Every fortnight
 Every four weeks
 Every calendar month
 Other (Please give details.)

Please tell us how they are paid, for example, cash, cheque, direct into their bank account.

 Normal basic wage £
 Normal hours worked

Gross pay for the last five weekly, three fortnightly, or two monthly/ four-weekly periods (including overtime, bonus SSP, SMP and SPP)

| | Pay period ending | Number of hours worked | Gross pay | Gross pay to date | National Insurance contributions | | Occupational pension or personal pension contributions | | Tax paid by employee | |
|-------|-------------------|------------------------|-----------|-------------------|----------------------------------|--------------|--|--|----------------------|--------------|
| | | | | | For each period | Year to date | | | For each period | Year to date |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| Total | | | | | | | | | | |

If Statutory Sick Pay (SSP), Maternity Pay (SMP) or Paternity Pay (SPP) is included in the gross pay, please tell us which and how much.

Name

Business name

Business address

Business phone number

I confirm that the information given is true and complete.

Signature

Position in firm

Employer's authorisation stamp