

Mae'r ffurflen hon ar gael yn Gymraeg hefyd.

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## Notice of Change

If your circumstances change, you must tell the Benefits Unit at Conwy County Borough Council straight away. Please keep this form and use it to tell us about the changes in your circumstances

The type of changes you need to tell us about are shown below.

- If any of your children leave school or leave home.
- If anyone moves into or out of your home (including lodgers and subtenants).
- If your income or the income of anyone living with you, including benefits, changes.
- If your savings or investments change.
- If you or anyone living with you becomes a student, goes on a youth training scheme, goes into hospital or a nursing home, goes into prison, or gets, changes, or leaves a job.
- If your rent changes.
- If you move.
- If you or your partner are going to be away from home for more than a month.
- If you receive any decision from the Home Office.
- If anything you have told us about changes.
- If you change address, you must fill in a change of address form.

### Section 1

**First  
names**

**National  
Insurance  
number**

**Surname**

**Local authority  
reference  
number**

**Address**

**Phone**

**Only send this form back if your circumstances have changed or are about to change.**

**Section 2**

Please provide full details of the change in the box below. You must give the full name of the person concerned (if this is not you) and the date the change took place. (Continue on a separate sheet of paper if you need to.)

**Date of change**

/ /

**Section 3**

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 declare the information I have given on this form is correct and complete. I understand that to give false information may result in prosecution**

**Signature of person claiming**

**Date**

/ /

**Partner's signature**

**Date**

/ /

Return this form, with original documents showing the changes, to:

**Revenues & Benefits Assessment Service, CCBC, PO BOX 1, Conwy, LL30 9GN**  
**Phone: 01492 576491 - BT Text Relay: 18001 01492 576491**  
**E-mail: [benefits@conwy.gov.uk](mailto:benefits@conwy.gov.uk)**