

# Change of address form

If you are currently in receipt of Housing Benefit and/or Council Tax Support but are moving to a new address within the city, please complete this form to tell us about your new property.

## 1. About you

Claimant's name:	
Partner's name:	
New address:	
Move-in date:	
Tenancy start date:	
Your last address:	
Dates you lived there:	

## 2. About your tenancy and property

Do you pay rent to a private landlord at your new address? Yes  No

If Yes, please provide proof of your tenancy agreement and answer all the questions in parts 2, 3 and 4.  
If you do not pay rent, or pay rent to a Housing Association go to part 5.

What sort of tenancy is it?

Shorthold  Assured  Licence  Fixed

Other  If 'Other', please give details

When is the tenancy for? From  To

Have you or your partner previously owned this property? Yes  No

What sort of building do you live in?

Detached house  Flat in a house  Cottage  Detached bungalow

Semi-detached bungalow  Hostel  Terraced flat  Room or rooms

Maisonette  Semi-detached house  Flat in a block  Bedsit

Terraced house  Flat over a shop  Caravan, mobile home or house boat

Other  If Other, give details

How many floors are there in the building?

Which floor do you live on?

If you live in a single room, where is your room when looking at the front of the building?

Front left  Back left  Front centre  Back centre   
Front right  Back right

What is your room number?

Is the property let by your landlord as:

Fully furnished  Partly furnished  Minimally furnished  Unfurnished

Is there a central heating system in your accommodation?

Yes  No

How many rooms are there:

	in the whole building	for you and your household?	that you share with anyone else?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. About your rent

How much rent do you pay?

£

Weekly  Fortnightly  4-weekly  Calendar monthly

Does anyone else share the rent with you and your partner?

Yes  No

If Yes, tell us their names

  
  

Do you live in supported accommodation?

Yes  No

Has your rent been registered as a fair rent by the Valuation Office Agency?

Yes  No

If Yes, send us the notice of registration form R05

Are there any weeks you do not pay rent?

Yes  No

If Yes, which weeks?

Who pays the Council Tax on your home?

You or your partner  Your landlord  Someone else

Who is this?

Do you pay rent for any other property?

Yes  No

If Yes, please use part 5 of this form to provide details

**Does your rent include money for:**

Water charges to the Water Authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Heating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Lighting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Meals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
If Yes, which meals?	Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Evening meal <input type="checkbox"/>	
Hot water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Gas or electric for cooking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Laundry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Cleaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Garage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
If Yes, do you have to rent the garage as part of your tenancy agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Parking space?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Counselling, care and support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Personal emergency alarm system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Cleaning your room or internal windows because you are unable to do this yourself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
Do you pay any service charges separate from your rent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, how much?	<input type="text"/>
What are they for?	<input type="text"/>			

**4. Landlord Details**

**What is your landlord's full name, address and telephone number?**

Name

Address

Postcode

Telephone number

**If your landlord has an agent, what is their full name, address and telephone number?**

Name

Address

Postcode

Telephone number

**Are you, your partner or your children related to your landlord or agent, or your landlord's partner or the agent's partner?**

Yes  No

If Yes, what is the relationship?

**Does your landlord live with you?**

Yes  No

**Is your landlord an ex-partner of you or your partner?**

Yes  No

**Do you or your partner work for your landlord?**

Yes  No

## 5. Anything else?

Apart from changing your address, are there any other changes in your circumstances that you would like to report? Please also use this part if you did not have space when filling in any other part of the form.

---

---

---

---

---

---

---

---

### How we collect and use information

Sunderland City Council has a duty to protect the public funds it administers, and may use the information you have given in this form to prevent and detect fraud and error. For these purposes, Sunderland City Council may also share information with other bodies responsible for auditing or administering public funds.

### Declaration

All the information I have given is true and complete. I understand that Sunderland City Council can prosecute anybody who gives false information or documents about their claim or anybody who keeps claiming benefit after their circumstances have changed in a way that would affect whether they would receive benefits. If I have not given true and complete information and I get too much benefit or discount, Sunderland City Council can ask me to pay it back. I may also be prosecuted under the Social Security Administration Act 1992.

Claimant's name:  
(print)

Claimant's  
signature:

Date:

Partner's name:  
(print)

Partner's  
signature:

Date:

### If someone else has filled in this form for you, please tell us:

The name of the person:

Their relationship to you:

Signature of the person:

Date:

### I have checked the form that the above person has filled in for me and believe it is true and complete.

Claimant's  
signature:

Partner's  
signature:

Date:

Telephone: **0191 520 5551** E-mail: **benefits@sunderland.gov.uk**

Please take the completed form to your local benefit office or Customer Service Centre, or send it by post to:

**The Benefits Service, PO Box 103, Civic Centre, Sunderland SR2 7DN**