

Section B Household Members

Please list everybody who lives at the new address with you. Please include your partner (if applicable) children and other adults who live with you. If none please write "none".

Name	Relationship to you	Date of Birth	Income (state weekly or month or four weekly)

Section C About your new address

What date did your tenancy begin? / /

On what date did you actually move in? / /

Do you own your own home or pay a mortgage? **YES** **NO**

If you have ticked yes to either of the above please go straight to **Section F** otherwise continue completing this section.

Do you live in:-

Detached house?	<input type="checkbox"/>	Maisonette?	<input type="checkbox"/>	Bedsit?	<input type="checkbox"/>
Detached bungalow?	<input type="checkbox"/>	Flat in House?	<input type="checkbox"/>	Caravan/Mobile home?	<input type="checkbox"/>
Semi-detached house?	<input type="checkbox"/>	Flat in Block?	<input type="checkbox"/>	Board and Lodging?	<input type="checkbox"/>
Semi-detached bungalow?	<input type="checkbox"/>	Flat over shop?	<input type="checkbox"/>	Hotel?	<input type="checkbox"/>
Terraced house?	<input type="checkbox"/>	Residential home?	<input type="checkbox"/>	Nursing home?	<input type="checkbox"/>

Other arrangement - please specify

Does your home have:-

Central heating? Garden? Garage?

How many floors in the building? **YES** **NO**

Do you occupy only part of a building (e.g. flat, bedsit)?

Which floor do you occupy (e.g. ground, first)?

About your new address continued

Is your accommodation at the Front? Middle? Back?

What is your flat number or room number?

How many of the following rooms are there in the building?

Living rooms

Bedsitting rooms

Bedrooms

Bathrooms or shower rooms

Toilets

Kitchens

Other rooms

	In the whole building	Just for you and your household	That you share with other people
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 or shower rooms	<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"/>

Section D Rent Details

What is your landlord's **full name and business address?** (Landlord means the person or organisation who owns the property)

If you pay your rent through an agent please tell us the agent's full name and address

Are you, your partner, your children or any of your partner's children related to your landlord (includes related through marriage even if the marriage has ended)?

YES NO If "YES" what is the relationship?

How much rent do you pay and how often? £ every

What sort of tenancy do you have (e.g. shorthold, assured tenancy)?

Do you have a tenancy agreement? YES Please enclose all pages of the agreement with this form
NO Please provide evidence of the amount of rent you are liable to pay (e.g. your rent book, letter from your landlord)

When does your tenancy start and end? Start / / End / /

About your rent continued

Is your accommodation let as Furnished? part furnished? unfurnished?

Does anyone else share the rent with you and your partner? YES NO

Please tell us their names and how much they pay?

Name	£
Name	£
Name	£

Are you behind with your rent? NO YES by how many weeks/months?

Please tick where any of the following are included in your rent and show how much is charged (if known).

Water Authority charges	<input type="checkbox"/>	£ <input type="text"/>	Heating	<input type="checkbox"/>	£ <input type="text"/>
Lighting	<input type="checkbox"/>	£ <input type="text"/>	Cleaning rooms/windows	<input type="checkbox"/>	£ <input type="text"/>
Electric/gas for cooking	<input type="checkbox"/>	£ <input type="text"/>	Laundry	<input type="checkbox"/>	£ <input type="text"/>
Hot water	<input type="checkbox"/>	£ <input type="text"/>	Meals	<input type="checkbox"/>	£ <input type="text"/>
Personal care or support	<input type="checkbox"/>	£ <input type="text"/>	Council Tax	<input type="checkbox"/>	£ <input type="text"/>
Other (please give details)	<input type="checkbox"/>	<input type="text"/>			

Do you pay a sevice charge towards, for example, cleaning/lighting a communal area, gardening, caretakers, lift maintenance, alarm systems or for general counselling and support?

NO

YES Please give details

<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£

Do you pay water rates direct to Welsh Water ? YES NO

Section F Declaration and Signature

Please read the declaration then sign and date it.

- I enclose the documentation you have requested.
- I authorise the council to make any enquiries that are necessary to validate the information provided above.
- I know that I must tell the benefits office immediately about any change in my circumstances which may affect my claim.
- I understand you may use information as stated on the front of this form.
- I declare the information I have given is accurate and true and I understand that I may be prosecuted if I obtain benefit dishonestly.

Your signature

Your partner's
signature

Date

Date

If you have completed this form on behalf of the applicant please provide the following

Your name and address

Relationship to applicant

Signature

Please return your completed form, together with your tenancy agreement or evidence of rent (where requested) by post or in person to:

Enquiry offices

Council Offices, Market Street, Lampeter

Council Offices, Market Street, Aberaeron

Council Offices, Llandysul

Council Offices, Morgan Street, Cardigan

The Director of Finance, Canolfan Rheidol, Aberystwyth.

Section G Other Changes

Has there been any other change in your circumstances since your application or last review? This could include changes in your income or capital, changes in non-dependant income, people entering or leaving your household or anything that may affect your entitlement to Housing Benefit or Council Tax Reduction.

NO

YES Please give details and relevant dates below

Other Changes