

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

Claim

# CHANGE OF CIRCUMSTANCES FOR HOUSING BENEFIT & COUNCIL TAX BENEFIT

## INCOME SUPPORT/JOBSEEKERS ALLOWANCE (INCOME BASED), EMPLOYMENT AND SUPPORT ALLOWANCE (INCOME RELATED) & GUARANTEE CREDIT ENDING

**Please only use this form if you already receive Housing Benefit or Council Tax Benefit. If you have not claimed before or your last claim was ended, you must complete a full application form.**

**Please read these notes before filling in the form**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>The information you give us on this form is confidential. However we may pass on certain information to the Department for Work and Pensions and other departments of the Council that are legally entitled to it. We may also use the information to prevent and detect fraud.</li> <li>Please <b>read the questions carefully</b> before answering, and fill in all parts of the form using <b>black</b> ink.</li> <li>If you cannot fill in the form yourself, someone else can do it for you. You must both sign the declarations at the end of the form.</li> <li>If you need any help with this form, please visit our offices or phone us. For contact details, please see section 12. In exceptional circumstances, if you cannot leave your home and have no-one who can help you, it may be possible to visit you in your home to help you complete the form and check the proof we need.</li> </ol> | <ol style="list-style-type: none"> <li>You must tell us about changes of circumstances <b>(as soon as they happen)</b>. If you delay you may receive benefit which you are not entitled to which will have to be repaid, or you may lose benefit if your change of circumstances is beneficial and you do not tell us within 1 calendar month of the change occurring.</li> <li>If your circumstances change after you have filled out this form you must let us know straight away. Examples of things you must tell us about are: <ul style="list-style-type: none"> <li>■ if you change address</li> <li>■ if you, or your partner stop getting Income Support/Income-Based Jobseekers Allowance or Guarantee Credit</li> <li>■ if you, or your partner, go into hospital</li> <li>■ if anyone leaves or joins your household</li> <li>■ if anyone in your household has a change of income</li> </ul> <p>Please note these are examples only - if in doubt please tell us anyway. If you telephone you will normally have to confirm your changes in writing.</p> </li> <li>The details you give us on this form will be used if you make a claim for a Discretionary Housing Payment.</li> </ol> |
|---|---|

**Please use black ink.**

Name: .....

Address: .....

..... Postcode:.....

Phone Number:\* ..... Email:\* .....

\*You do not have to give your phone number or email address, but it will help us contact you more quickly if you do.

Date of change.....

(Office use only)
CTax Acc:
Property No:

## 1 About yourself and your partner

Please answer all the questions.

Do you have a partner who normally lives with you?

Yes  No

We use partner to mean:

- a person you are married to or a person you live with as if you are married to them or
- a civil partner or a person you live with as if you are civil partners.

	Yourself	Your Partner
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other:.....	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other:.....
Surname/family name		
First names		
Date of birth	/ /	/ /
National Insurance number		

## 2 More about you and your partner

Please answer all the questions.

	Yourself	Your Partner
Do you get the long-term rate Incapacity Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Severe Disablement Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered as blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number		
Are you registered as partially sighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number		
Do you get Attendance Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Disability Living Allowance Care Component?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Disability Living Allowance Mobility Component?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone get Carer's Allowance for looking after you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , please say who gets it		
Are you unable to work because of illness or disability? (We may ask you for proof)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , please give the date you became unfit for work	/ /	/ /
Are you in hospital at the moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , please give the date you went into hospital	/ /	/ /
If <b>yes</b> , please give the date you hope to return home	/ /	/ /

You must provide original documents. We do not accept photocopies.

### 3 Money you pay out

Are any of your children cared for by a registered childminder, or any other registered or approved childcare provider, for example a nursery or an after-school club?  Yes  No

If **yes**, how much do you pay each week? £ : p

Name and address of childcare provider: .....  
 .....  
 .....

**Proof:** We will need to see evidence of the childcare provider’s registration and proof of the payments you make.

Do you or your partner pay anything towards a student grant?  Yes  No

If **yes**, how much do you pay each week? £ : p

**Proof:** We will need to see proof of the money you pay out. This may be a **statement of payments** or a **letter from your local education authority**.

### 4 About your income (not earnings or savings)

Do you or your partner get any pensions, benefits, allowances or other income (not earnings)?  
 Yourself:  Yes  No / Your Partner:  Yes  No

If **no**, please go to section 5.

If **yes**, please fill in the boxes to show how much you and/or your partner get, how often (weekly, monthly, every 4 weeks), how you are paid (direct into bank or building society, order book, giro) and when the income started. Please give the gross (before any deductions) income you are entitled to.

**Proof:** Please send us proof for each pension, allowance or other income that you or your partner get. This may be **bank statements showing the amount received, award letters or payment slips**. We will photocopy these documents and return them to you immediately. If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

	Yourself				Your Partner			
	When did it start?	Amount £ : p	How often is it paid?	How is it paid?	When did it start?	Amount £ : p	How often is it paid?	How is it paid?
<b>Pensions</b>								
State Retirement Pension		:				:		
Private Pension		:				:		
Second Private Pension								
What date do you expect your next pension increase?		:				:		
Widowed Mother’s Allowance or Widowed Parent’s Allowance		:				:		
Widow’s Allowance, Widow’s Pension or Bereavement Allowance		:				:		
War Widow’s or Dependant’s Pension		:				:		
War Disablement Pension		:				:		
Industrial Disablement Pension		:				:		
<b>Benefits and Allowances</b>								
Guarantee Credit - Pension Credit		:				:		
Income Support		:				:		

**Continued overleaf**

You must provide original documents. We do not accept photocopies.

**About your income (continued)**

	<b>Yourself</b>				<b>Your Partner</b>			
	When did it start?	Amount £ : p	How often is it paid?	How is it paid?	When did it start?	Amount £ : p	How often is it paid?	How is it paid?
<b>Benefits and Allowances</b>								
Income-based Jobseeker's Allowance		:				:		
Contribution-based Jobseeker's Allowance		:				:		
Employment & Support Allowance (IR)		:				:		
Employment & Support Allowance (C)		:				:		
Savings Credit - Pension Credit		:				:		
Employment Training Allowance		:				:		
Child Benefit		:				:		
Working Tax Credit (please provide the full award letter)		:				:		
Incapacity Benefit		:				:		
Child Tax Credit (please provide the full award letter)		:				:		
Attendance Allowance		:				:		
Disability Living Allowance: Mobility		:				:		
Disability Living Allowance: Care		:				:		
Carer's Allowance		:				:		
Severe Disablement Allowance		:				:		
Exceptionally Severe Disablement Allowance		:				:		
Industrial Disablement Benefit		:				:		
Maternity Allowance		:				:		

**Other Income**

**Proof:** Maintenance - please provide the **original court order notice or Child Support Agency notification** with current evidence of the payments you receive. This may be a **bank statement or a letter from the absent parent/partner** confirming the amount they pay.

Student Grants and Loans - please provide the **original award notifications**.

We will photocopy these documents and return them to you immediately. If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

Income from MFET ("Eileen Trust"), The MacFarlane Trusts, Independent Living Funds and the Skipton Fund does not need to be declared.

	<b>Yourself</b>				<b>Your Partner</b>			
	When did it start?	Amount £ : p	How often is it paid?	How is it paid?	When did it start?	Amount £ : p	How often is it paid?	How is it paid?
Fostering Allowance								
Guardian's Allowance		:				:		
Return to Work Credit		:				:		
Youth Training Scheme payment		:				:		
Maintenance payments you receive for yourself		:				:		
Maintenance payments you receive for a child/children		:				:		
Student Grant		:				:		
Student Loan		:				:		
Access Fund Payments		:				:		
Payments from boarders		:				:		

**Continued overleaf****You must provide original documents. We do not accept photocopies.**

**Other income (continued)**

	<b>Yourself</b>				<b>Your Partner</b>			
	When did it start?	Amount £ : p	How often is it paid?	How is it paid?	When did it start?	Amount £ : p	How often is it paid?	How is it paid?
Rent								
Payments from charities		:				:		
Home Income Plan (Annuity)		:				:		
Private Pension (Annuity)		:				:		
Any other income		:				:		
please give details:								

**Are you or your partner waiting to hear about any pension, benefit, allowance or other income listed in this section?**  Yes  No

If **yes**, please give details below

Name of benefit or other income	
Who is claiming this?	
Date it was applied for	/ /

**Is any of the above income for you or your partner subject to regular increase?**  Yes  No

Income subject to regular increase	
Date next increase due	/ /

Please use the tear off form (CONBEN) Confirmation of Benefit at the end of this form (if applicable) for proof of type of benefit you/partner are receiving.

**Please tell us immediately if you stop receiving any benefits, allowances or other income.**

**You must also tell us immediately if you start to get any other benefits, allowances or other income.**

**5 Where do you work and what do you earn?**

**Do you or your partner have any work, paid or otherwise? (This includes self-employment and voluntary work)** Yourself:  Yes  No / Your Partner:  Yes  No

If **yes**, please fill in this section if you are employed by someone else. If you are self-employed please complete section 5a and fill in a self-employed earnings form. If you have not been sent this form, please contact us immediately. If **no**, please go to section 6.

**Proof:** We need **your last 5 payslips if you are paid weekly**, or **your last 2 payslips if you are paid monthly**. If you do not have the necessary payslips, or your payslips do not show us what we need to know, your employer will need to fill out a **certificate of earnings**. If necessary we will need to contact your employer to confirm the details supplied. If your wages vary please send your last 8 payslips if you are paid weekly and the last 3 payslips if you are paid monthly.

	<b>Yourself</b>	<b>Your Partner</b>
How many jobs do you have?		
Name and address of your main employer		

**Continued overleaf**

**You must provide original documents. We do not accept photocopies.**

**Where do you work and what do you earn? (Continued)**

Place of work if different from above				
Date you started work	/	/	/	/
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/	/	/	/
How are you paid? For example cash, cheque, bank credit				
	Amount	How often	Amount	How often
	£	p	£	p
Pay before deductions	:		:	
Bonus, commission or tips not included in your pay	:		:	
Do you receive Luncheon Vouchers?	:		:	
What date do you expect your next pay increase?	/	/	/	/
If you are getting Statutory Sick Pay, what date did it start?	/	/	/	/
If you are getting Statutory Maternity/Paternity Pay, what date will it end?	/	/	/	/
If you are getting Statutory Adoption Pay, what date did it start?	/	/	/	/
Do you contribute to a personal pension plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>yes</b> , how much do you pay?	£	:	p	£
How often?				

**Please provide proof that you are a member of the scheme and evidence of how much you pay.**

Do you or your partner do any other work, paid or otherwise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name and address of your employer				
Place of work if different from above				
Date you started work	/	/	/	/
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/	/	/	/
How are you paid? For example cash, cheque, bank credit				
	Amount	How often	Amount	How often
	£	p	£	p
Pay before deductions	:		:	
Bonus, commission or tips not included in your pay	:		:	
What date do you expect your next pay increase?				

Please use the tear off form (CERINC) Confirmation of Earned Income at the end of this form for proof of any earned income for you/partner.

**You must provide original documents. We do not accept photocopies.**

**5a Self Employed**

	<b>Yourself</b>	<b>Your Partner</b>
Are you or your partner self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is self-employment your only employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a partner of the business? (If <b>yes</b> , we need to see your partnership agreement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Director of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of work do you do?		
How many hours do you work per week ?		
Please give your business address		
Do you contribute to a personal pension plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , how much do you pay?	£ : p	£ : p
How often?		

**Please provide proof that you are a member of the scheme and evidence of how much you pay**

Do you get a business allowance or government grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have prepared accounts for the last financial year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **yes**, please return them with this form. If **no**, you will need to complete a Self-Employed Earnings Certificate. Please contact Benefit Services if you have not been sent one with this form.

**You must tell us if you start or stop work after you have sent in this form. You must also tell us if there is a change in the number of hours you work or the amount of money you earn.**

## 6 About your savings, investments and accounts

You must declare all your savings, investments and details of all accounts even if they are overdrawn.

Please fill in all the sections below.

**Proof:** Please provide original bank statements showing the last **2 months'** transactions, **pass-books or certificates** for all accounts, bonds or other investments which you or your partner have. We will photocopy these and return them to you immediately. If you do not have the documents to hand, send in what you have now and send the other information within 1 calendar month.

Please ensure you put the totals for each account below.

	Yourself	Your Partner
Do you have Current Accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , please give the name of the bank or building society or post office or giro account.	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have Deposit Accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , please give the name of the bank or building society or post office or giro account.	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have TESSAs, PEPS, or ISAs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , please give the name of the bank or building society or company	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have National Savings Certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , please give Issue number or type (say if they are index linked) or the name of the company	1	1
	2	2
	3	3
	4	4
Do you have National Savings Bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , please give Issue number or type (say if they are index linked) or the name of the company	1	1
	2	2
	3	3
	4	4
Do you have Unit Trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , please give name of Company or Investment Fund and Issue number or type	How many?	How many?
	1	1
	2	2
	3	3
	4	4

Please check that you have entered totals for each account.

Continued overleaf

You must provide original documents. We do not accept photocopies.

Do you have Shares?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , please give name of Company or Investment Fund and Issue number or type	How many? 1 2 3 4	How many? 1 2 3 4
Premium Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , total value £ :	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , total value £ :
Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , total value £ :	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , total value £ :
Savings in cash	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , total value £ :	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , total value £ :
Any other investments - please give details		

Property or land. (Do not count the place where you live).		
Do you own or jointly own any other property or land? If <b>yes</b> , please give details including address.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold a property within the last 12 months? (We may contact you for more information.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you have savings, investments and accounts which total over £16,000 you will not normally be entitled to Housing Benefit or Council Tax Benefit.**

**Please make sure that you have entered individual details of all savings and investments**



## 10 Declaration

### YOUR DECLARATION

Please read this Declaration carefully before you sign and date it.

**Warning:** If you provide false statements, information or documents to support your claim or you continue to receive benefit when you knowingly fail to tell us about any relevant changes of circumstances which happen after the date you make a claim, you will be guilty of an offence and may be prosecuted under the Theft Acts of 1968 and 1978 or the Social Security Administration Act of 1992.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the Council, rent offices, and other councils.
- 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 Government organisations, if the law allows this.

**I know I must let Benefit Services (“us”) know about any changes in my circumstances which might affect my claim.**

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

Signature of person claiming:

Date:

If this form has been filled in by someone other than the person claiming please tell us why you have filled in this form for someone else.

Name of the person who filled in the form:

Relationship to the claimant:

Signature of person who filled in the form:

Date:

## 11 Important information

Please note you will need to provide proof of the changes you have reported and your benefit may be suspended until we are able to assess your claim with your new details.

If you do not have all the proof we need, still send your claim form immediately. Send in the documents you have to hand now, make a note of what else is required and let us have this proof within 1 calendar month.\* We cannot assess your entitlement without the necessary proof. If you cannot give us the proof within 1 calendar month of sending this form, you must let us know straight away or you may lose benefit.

You may send your form or documents to us or you can visit us at the Council Offices, Argyle Road, Sevenoaks or have them checked by staff at the local offices at Edenbridge or Swanley.

If you send documents to us by post, we will not be responsible if they are lost in the postal system.

**Please make sure everything you send us has your name and address on it.**

\*Please use the Certificate of Earned Income Form and/or Confirmation of Benefit Form - both are tear off forms at the end of this form.

## 12 What to do now

Check that you have fully completed the form in black ink, and provided as much proof as you can. Remember we cannot assess your entitlement without the necessary proof.

**Send this form to the appropriate address below:**

### **Dartford Borough Council**

Civic Centre, Home Gardens  
Dartford  
Kent  
DA1 1DR

**Tel:** (01322) 343705

**Fax:** (01322) 343968

**Email:** [benefits@dartford.gov.uk](mailto:benefits@dartford.gov.uk)

**DX:** 142726 DARTFORD 7

**Web:** [www.dartford.gov.uk](http://www.dartford.gov.uk)

Main Office – Civic Centre, Dartford  
Monday to Thursday – 8:45am to 5:15pm  
Friday – 8:45am to 4:45pm

### **Sevenoaks District Council**

PO Box 102, Argyle Road  
Sevenoaks  
Kent  
TN13 1GT

**Tel:** (01732) 227000

**Fax:** (01732) 743052

**Email:** [benefits@sevenoaks.gov.uk](mailto:benefits@sevenoaks.gov.uk)

**DX:** 30006 Sevenoaks

**Web:** [www.sevenoaks.gov.uk](http://www.sevenoaks.gov.uk)

Main Office – Argyle Road, Sevenoaks  
Monday to Wednesday – 8:45am to 5:00pm  
Thursday – 9:30am to 5:00pm  
Friday – 8:45am to 4:45pm

**Or you may wish to hand in your form at one of the following local offices:**

Town Council Offices, The Grove, Swanscombe.  
The Cash Office located at Swanscombe is open on Monday, Tuesday, Thursday and Friday – 9:00am to 1:00pm and is closed on Wednesday.

Swanley Tourist Information Centre/Library  
Monday to Thursday – 9:30am to 5:30pm  
Friday – 9:30am to 6:00pm  
Saturday – 9:00am to 4:00pm  
Benefits Surgery  
Monday & Wednesday – 9:30am to 12:30pm  
Edenbridge – the old Tourist Information Centre (attached to the Leisure Centre).  
Benefits Surgery  
Thursday – 1:30pm to 4:00pm  
Hartley – at the Library on Ash Road  
Benefits Surgery  
Wednesday – 2:00pm to 4:00pm

Please choose whichever location you prefer as we can now deal with enquiries or receive documents for both Councils at any of the contact points listed above.

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

**Certificate of Earned Income**

Claim No:

Please complete the first section, then ask your employer to complete the second section, sign & return this form.

**Please use black ink.**

**To be completed by the employee:**

Name .....

Address .....

Occupation ..... Employee/Works Number .....

National Insurance Number ..... Signature .....

**To be completed by employer:**

I should be grateful if you would assist your employee by confirming the details above, providing the information requested below and returning this form to the appropriate address overleaf. If you hold a National Insurance Number which is different to that shown above please insert it here: .....

Date employment started:        /        /

**How often is your employee paid?**

Weekly     Fortnightly     4 Weekly     Calendar Monthly     Other (please specify) .....

**Please give the method of payment**

(For example cash, cheque, direct into bank account) .....

**Please give:**

Normal Basic Pay ..... Normal hours worked .....

Pay details for the last 5 weeks, 3 fortnights or 2months/4 week periods, including overtime, bonus, SSP, SMP etc (If the wages vary please give details for the last 8 weeks or 3 months/4 week periods)

Pay period ending	No of hours worked	Gross Pay	National Insurance Contributions		Occupational or Personal Pension Contributions	Income Tax		Tax Credit	Net Pay
			Period	YTD		Period	YTD		

If Statutory Sick Pay or Maternity Pay is included in the Gross Pay please indicate clearly which is in payment and how much.

Name ..... Position in Business .....

Name of Business .....

Business Address.....

Business Telephone Number .....

I confirm that the information given is true and complete. Please endorse with your Business Stamp

**Send this form to the appropriate address below:**

**Dartford Borough Council**

Civic Centre, Home Gardens  
Dartford  
Kent  
DA1 1DR

**Tel:** (01322) 343705  
**Fax:** (01322) 343968  
**Email:** [benefits@dartford.gov.uk](mailto:benefits@dartford.gov.uk)  
**DX:** 142726 DARTFORD 7  
**Web:** [www.dartford.gov.uk](http://www.dartford.gov.uk)

Main Office – Civic Centre, Dartford  
Monday to Thursday – 8:45am to 5:15pm  
Friday – 8:45am to 4:45pm

**Sevenoaks District Council**

PO Box 102, Argyle Road  
Sevenoaks  
Kent  
TN13 1GT

**Tel:** (01732) 227000  
**Fax:** (01732) 743052  
**Email:** [benefits@sevenoaks.gov.uk](mailto:benefits@sevenoaks.gov.uk)  
**DX:** 30006 Sevenoaks  
**Web:** [www.sevenoaks.gov.uk](http://www.sevenoaks.gov.uk)

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Friday – 8:45am to 4:45pm

**Or you may wish to hand in your form at one of the following local offices:**

Town Council Offices, The Grove, Swanscombe.  
The Cash Office located at Swanscombe is open on  
Monday, Tuesday, Thursday and Friday – 9:00am to  
1:00pm and is closed on Wednesday.

Swanley Tourist Information Centre/Library  
Monday to Thursday – 9:30am to 5:30pm  
Friday – 9:30am to 6.00pm  
Saturday – 9:00am to 4.00pm  
Benefits Surgery  
Monday & Wednesday – 9:30am to 12:30pm  
Edenbridge – the old Tourist Information Centre  
(attached to the Leisure Centre).  
Benefits Surgery  
Thursday – 1:30pm to 4:00pm  
Hartley – at the Library on Ash Road  
Benefits Surgery  
Wednesday – 2:00pm to 4:00pm

Please choose whichever location you prefer as we can now deal with enquiries or receive documents for both Councils at any of the contact points listed above.

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

**Housing Benefit/Council Tax Benefit**

**Confirmation of Benefit**

**Part A:**

**Please use black ink.**

To: Claimant (name and address).....

.....

.....

National Insurance Number ..... Date of Birth.....

HB/CTB Ref: .....

If you are in receipt of any of the benefits listed below, **please sign the authorisation and send or hand deliver this form to the Department for Work and Pensions, Pension Service or Jobcentre Plus**, for confirmation of the benefits you receive.

**Authorisation:**

I authorise the Department for Work and Pensions, Pension Service, or Jobcentre Plus to supply the information below to Sevenoaks District Council.

Signed: ..... Date: .....

**Part B:**

**Please use black ink.**

To: Department for Work and Pensions/Pension Service/Jobcentre Plus

Please supply the information below in respect of the above person and return the completed form to either Dartford Borough Council or Sevenoaks District Council at the appropriate address overleaf.

Type of Benefit	Date Started	Date Ended	Amount
Income Support			
Jobseekers Allowance (Income Based)			
Jobseekers Allowance (Contribution Based)			
Incapacity Benefit Short Term Lower Rate			
Incapacity Benefit Short Term Higher Rate			
Incapacity Benefit Long Term Rate			
Pension Credit - Guarantee			
Pension Credit - Savings			Amount = AIF =
Other			

Official Stamp: ..... Date:..... Signed:.....

**Send this form to the appropriate address below:**

**Dartford Borough Council**

Civic Centre, Home Gardens  
Dartford  
Kent  
DA1 1DR

**Tel:** (01322) 343705

**Fax:** (01322) 343968

**Email:** [benefits@dartford.gov.uk](mailto:benefits@dartford.gov.uk)

**DX:** 142726 DARTFORD 7

**Web:** [www.dartford.gov.uk](http://www.dartford.gov.uk)

Main Office – Civic Centre, Dartford  
Monday to Thursday – 8:45am to 5:15pm  
Friday – 8:45am to 4:45pm

**Sevenoaks District Council**

PO Box 102, Argyle Road  
Sevenoaks  
Kent  
TN13 1GT

**Tel:** (01732) 227000

**Fax:** (01732) 743052

**Email:** [benefits@sevenoaks.gov.uk](mailto:benefits@sevenoaks.gov.uk)

**DX:** 30006 Sevenoaks

**Web:** [www.sevenoaks.gov.uk](http://www.sevenoaks.gov.uk)

Main Office – Argyle Road, Sevenoaks  
Monday to Wednesday – 8:45am to 5:00pm  
Thursday – 9:30am to 5:00pm  
Friday – 8:45am to 4:45pm

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