

Housing Benefit/Council Tax Reduction Form to report a change in circumstances

**Benefits Section
Shetland Islands Council
8 North Ness Business
Park,
Lerwick,
Shetland,
ZE1 0LZ**

Your name and address

Reference Number

What is the change you need to report?

Please state who it affects, for example whose income has changed, who has started work, who has moved.

What date did this change happen?

What proof are you sending with this form?

For example, a letter showing the new amount of a benefit or a pension, a letter from your landlord about the rent, wage slips. If you don't have proof to send now, don't delay, send this form now.

If you have not told us about the change as soon as it happened, please say why.

**Declaration: I declare that the information given on this form is true and complete:
I wish to make a new application for benefit/continue with my current claim for benefit.**

Your signature

Date



IMPORTANT

Changes which must be reported

Examples of changes which the claimant must report to the [local authority](#) (these are the main changes but this list not exhaustive)

- Changes to the rent or details of letting - private tenancies only
- Change of address
- Temporary absence of claimant and partner from the property exceeding 13 weeks where either claimant or partner receives Pension Credit
- Any period of temporary absence of claimant and partner from the property where neither claimant nor partner receive Pension Credit
- If the claimant or any dependants are admitted to hospital
- Any family change of circumstance that may affect the [applicable amount](#)
- Change to the residential status or income of a non-dependant and/or adult in the household in respect of whom [2nd Adult Rebate](#) is received
- Any increase or decrease in the number of persons living in the household
- Change in marital status of any person living in the household
- Change to income and/or capital
- Claimant or partner no longer entitled to Job Seekers Allowance (Income Based) or Income Support
- Claimant or partner no longer entitled to [Child Benefit](#) for a [child](#) or [young person](#) who has ceased to be a member of the family unit
- Claimant or partner starts submitting medical evidence of sickness