



# Reporting Changes in your Circumstances

Use this form to tell us about changes in your circumstances

Your name:

Your address:

Please tick any of the following that apply and give full details in the space provided at the bottom of the form. If you don't give us enough information, we may need to write to you.

- |  | Date of the change   |
|--|--|
| <ul style="list-style-type: none"> <li>My Income Support or Jobseeker's Allowance has ended.<br/>If you have started work, will it last for 5 weeks or more? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> | <input type="checkbox"/> / <input type="text"/> / <input type="text"/> |
| <ul style="list-style-type: none"> <li>I have moved house</li> </ul>   | <input type="checkbox"/> / <input type="text"/> / <input type="text"/> |
| <ul style="list-style-type: none"> <li>Someone else has moved into my home or someone has moved out of my home</li> </ul>  | <input type="checkbox"/> / <input type="text"/> / <input type="text"/> |
| <ul style="list-style-type: none"> <li>My rent has changed (you do not need to tell us this if you are a City of London tenant)</li> </ul>   | <input type="checkbox"/> / <input type="text"/> / <input type="text"/> |
| <ul style="list-style-type: none"> <li>My income has changed (including earnings, pensions and any other Social Security benefits)</li> </ul>  | <input type="checkbox"/> / <input type="text"/> / <input type="text"/> |
| <ul style="list-style-type: none"> <li>The amount of my savings or investments has changed</li> </ul>  | <input type="checkbox"/> / <input type="text"/> / <input type="text"/> |
| <ul style="list-style-type: none"> <li>The income or savings of someone who lives with me have changed (including if their Income Support or Jobseeker's Allowance has ended)</li> </ul>   | <input type="checkbox"/> / <input type="text"/> / <input type="text"/> |
| <ul style="list-style-type: none"> <li>I am going away temporarily (for example into hospital or on holiday)</li> </ul>  | <input type="checkbox"/> / <input type="text"/> / <input type="text"/> |
| <ul style="list-style-type: none"> <li>Any other change which may affect my benefit (give details below)</li> </ul>  | <input type="checkbox"/> / <input type="text"/> / <input type="text"/> |

Please give full details of the change(s) and send in documentary proof if you can.

Continue over the page if you need more space

Your signature:

Date:  /  /



**Remember to sign and date the form over the**