



# Notification of a Change of Address

Housing &  
Community Safety

**Please return to:** Benefits Section, Housing & Community Safety, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, PERTH, PH1 5GD  
Telephone 01738 476049 • Text Phone 01738 442573

<b>Claimant's Name &amp; Contact Details</b>	<b>Title</b> _____ <b>First Name(s)</b> _____
	<b>Surname</b> _____
	<b>Email</b> _____
	<b>Mobile</b> _____
<b>Claim Number (if known)</b>	_____

## 1 Previous Address

Address (including Room or Flat Number) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ Tel \_\_\_\_\_

## 2 New Address

Address (including Room or Flat Number) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ Tel \_\_\_\_\_

**3** When did you start renting this as your home? \_\_\_\_\_  
When did you move to this address? \_\_\_\_\_  
If you have not moved in yet, please tell us when you expect to move in \_\_\_\_\_

## 4 Landlord Details

Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ Tel \_\_\_\_\_

If your landlord has an agent, please tell us their full name and address including postcode.  
(By agent we mean the person or organisation you actually pay your rent to)

Agent's Name/Organisation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ Tel \_\_\_\_\_

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

Yes  No  If Yes, please confirm relationship \_\_\_\_\_

Do you want us to give information about your Housing Benefit to your Landlord if he or she asks?

Yes  No

## 5 Type of Accommodation

Detached House	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>
Detached Bungalow	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>
Flat in block	<input type="checkbox"/>	Flat in house	<input type="checkbox"/>
Terrace house	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Terrace bungalow	<input type="checkbox"/>	Flat over shop(s)	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Room or Rooms	<input type="checkbox"/>
Number of Floors in whole building	<input type="checkbox"/>	If room, location on floor of building:	
Other	<input type="checkbox"/>	Front <input type="checkbox"/>	Centre <input type="checkbox"/> Rear <input type="checkbox"/>

## 6 Use of Accommodation

Floor(s) that the claimant's home is on:

All floors  Basement  Ground  First  Second  Third

Number of rooms:

	Own Use	Shared		Yes	No
Living Rooms	<input type="checkbox"/>	<input type="checkbox"/>			
Total Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	Are any of these bedrooms used by a non-resident carer(s) to sleep in overnight?	<input type="checkbox"/>	<input type="checkbox"/>
Bed-sitting Rooms	<input type="checkbox"/>	<input type="checkbox"/>			
Kitchens	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a severely disabled child who is unable to share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>			
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	Are there any couples within your household who sleep in separate bedrooms due to a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Other Rooms	<input type="checkbox"/>	<input type="checkbox"/>			
Total	<input type="checkbox"/>	<input type="checkbox"/>			

Garage included? Yes  No  Central Heating System? Yes  No

## 7 Is your new property:

Furnished  Partly furnished  Minimally furnished  Unfurnished

## 8 Household Details

	Name	DOB	Sex	Relationship	Working?
1	CLAIMANT				Y / N
2					Y / N
3					Y / N
4					Y / N
5					Y / N
6					Y / N

## 9 Type of Tenancy

Assured Shorthold Tenancy  Shorthold Tenancy

Housing Association  Other

Period of Tenancy (*weeks/months/years*) \_\_\_\_\_

## 10 Rent

(a) Rent £ \_\_\_\_\_ (*Less your deduction of £ \_\_\_\_\_ that you have made for medical nursing and other care services*)

(b) Rental period: \_\_\_\_\_ (*If weekly, number of weeks*)

## 11 Services Included in the Rent

Cleaning of Common Areas £ \_\_\_\_\_ Lighting of Accommodation £ \_\_\_\_\_

Lighting of Common Parts £ \_\_\_\_\_ Hot Water £ \_\_\_\_\_

Lift £ \_\_\_\_\_ Water Charges £ \_\_\_\_\_

Porter or Estate Staff £ \_\_\_\_\_ Gas/Electricity for Cooking £ \_\_\_\_\_

Laundry Equipment £ \_\_\_\_\_ Counselling and Support £ \_\_\_\_\_

Laundering by Landlord £ \_\_\_\_\_ Meals Provided:

Heating £ \_\_\_\_\_ *Breakfast, lunch, evening meal* £ \_\_\_\_\_

Cleaning of Accommodation £ \_\_\_\_\_

## 12 BACS Payments

Name of Bank/Building Society \_\_\_\_\_

Address of Bank/Building Society \_\_\_\_\_

Account Holder \_\_\_\_\_

Bank Sort Code (six digit number) \_\_\_\_\_

Bank Account Number (eight digit number) \_\_\_\_\_

## 13 Declaration

This is my claim for Council Tax Reduction along with my change of address. I understand I may have my claim fully reviewed within the next three months.

Perth & Kinross Council accept this form as a duly made claim for Council Tax Reduction for those claimants currently in receipt of Housing Benefit.

I declare the information I have given on this form is correct and complete. I also understand that original and signed proof of rent is also required in order for this change to be actioned.

Signature of Person claiming \_\_\_\_\_

Date \_\_\_\_\_

**For further information and guidance regarding Housing Benefit & Council Tax Reduction, please visit:**

**[www.pkc.gov.uk/hb](http://www.pkc.gov.uk/hb)**

### How We Use Your Personal Information

The information provided by you will be used by Perth & Kinross Council to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. The information may be shared with other bodies responsible for auditing or administering public funds for these purposes.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection) or email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or telephone 01738 477933.

If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting  
Customer Service Centre on 01738 475000.

إن احتجت أنت أو أي شخص تعرفه نسخة من هذه الوثيقة بلغة أخرى أو تصميم آخر فيمكن الحصول عليها (أو على نسخة معدلة لمملخص هذه الوثيقة مترجمة بلغة أخرى) بالاتصال ب:  
الاسم: Customer Service Centre  
رقم هاتف للاتصال المباشر: 01738 475000

اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کی نقل دوسری زبان یا فارمیٹ (بعض دفعوں اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکار ہے

تو اس کا بندوبست سروس ڈیولپمنٹ Customer Service Centre سے فون نمبر 01738 475000 پر رابطہ کر کے کیا جاسکتا ہے۔

如果你或你的朋友希望得到這文件的其他語言版本或形式 (某些時候，這些文件只會是概要式的翻譯)，請聯絡

Customer Service Centre 01738 475000

來替你安排。

Jeżeli chciałbyś lub ktoś chciałby uzyskać kopię owego dokumentu w innym języku niż język angielski lub w innym formacie (istnieje możliwość uzyskania streszczenia owego dokumentu w innym języku niż język angielski), Proszę kontaktować się z  
Customer Service Centre 01738 475000

P ejete-li si Vy, alebo n kdo, koho znáte, kopii této listiny v jiném jazyce nebo jiném formátu (v n kterých p ípadech bude p oložen pouze stru ný obsah listiny) Kontaktujte prosím Customer Service Centre 01738 475000 na vy ízení této požadavky.

Если вам или кому либо кого вы знаете необходима копия зтого документа на другом языке или в другом формате, вы можете запросить сокращенную копию документа обратившись  
Customer Service Centre 01738 475000

Ma tha thu fhèin neo duine a dh'aithnicheas tu ag iarraidh leth-bhreacden phàipear seo ann an cànan eile neo ann an cruth eile, (aig amannan cha bhith ach gearr-chunntas a-mhàin ri fhaighinn air eadar-theangachadh) faodar seo fhaighinn le bhith a' cur fios gu:  
Customer Service Centre 01738 475000

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.