

# NOTIFICATION OF CHANGE OF CIRCUMSTANCES

Name of Housing Benefit Claimant.....REF Number.....
Full Address.....
.....Telephone No.:.....

**ARE YOU?** (Please tick Box)

An Owner/ Occupier <input type="checkbox"/>	A Tenant of a Private Landlord <input type="checkbox"/>	A Tenant of a Housing Association <input type="checkbox"/>
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**DETAILS OF CHANGE:** Please give as much information as possible.  
e.g. Full Names, Dates etc...if money is involved please say what it is and how much.

WHO DOES THE CHANGE AFFECT? (Please give full names)	WHAT IS THE CHANGE?	ON WHAT DATE DID THIS CHANGE OCCUR?

SIGNED..... DATE.....  
Please return the signed form to any of the Council's Information Offices or by post to:-  
**(ENTER ADDRESS HERE)**

### FOR OFFICE USE ONLY

DATE RECEIVED STAMP	RR4 SENT:-	EF REFERENCE	DATE ENTERED ON EF	CLERK'S STAMP NO
		ADC REFERENCE	DATE ENTERED ON ADC	CLERK'S STAMP ON