



Housing and  
Council Tax Benefit  
Change of Address

Swindon  
Benefits  
Service

Swindon Benefits Service  
Admail 4144  
Swindon  
SN3 5ZR  
Tel: 0345 3022 316  
Web: www.swindon.gov.uk

**To be used for Local Authority tenants and Owner Occupiers only**  
**To be completed immediately after date of move**

This form is for customers who are receiving Housing and/or Council Tax benefit immediately before moving home.

	<b>You</b>	<b>Your Partner</b>
Full Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Your New Address	<div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: right;"><b>Postcode</b>.....</div>	
Claims Reference	<input type="text"/>	
What was the date that you started to live here?	<input type="text" value="/ /"/>	
Your Old Address	<div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: right;"><b>Postcode</b>.....</div>	
What was the date that you moved out of there?	<input type="text" value="/ /"/>	
Have all the family members moved with you	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Declaration / Data Protection

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

- **I declare** that the information I have given on this form is correct and complete. Where I have provided information about other people on this form, I have explained to them that I have done this, explained to them what you will use their information for and obtained their consent to those uses. By signing this form, I am confirming that I have done this.
- **I understand** that if I give information that is incorrect or incomplete, or do not tell you about a change in circumstances, you may take action against me. This may include court action.
- **I agree** that you will use the information I have provided to process my claim for Housing Benefit and/or Council Tax Benefit. You may check some of the information with the Council Tax Office, Housing Department and other relevant Welfare Agencies, including Registered Social Landlords, for the purpose of dealing with my claim more effectively, unless I specifically notify you in writing that I do not agree to you sharing information in this way.
- **I understand** that you may use any information I have provided in connection with this and any other claim for benefits that I have made or may take. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I know** that I must let the Benefits Service know straight away in writing about any change in my circumstances or the circumstances of anyone who lives in my household. If I delay or fail to tell you about a change in circumstances then I may lose money, have to pay benefit back, and may be prosecuted.

Signed

Date

### Returning this form to us:

#### Post to:

Swindon Borough Council  
Benefits  
Admail 4144  
Swindon  
SN3 5ZR

#### By Visit to:

Swindon Direct - Benefits  
Wat Tyler House  
Beckhampton Street  
Swindon  
SN1 2JH

If you need to get in touch with us to ask a question about this form you can ring us on  
**0345 3022 316**

If you are unable to post this form or visit any of our offices, due to serious illness or disability please ring us on **01793 464222** to arrange a **Home Visit**.

**If you need help in completing this form, including literacy or translation requirements, please contact us to make an appointment.**

## Remember

**We will need to see proof of all your changes**

Please note that failure to provide all relevant information within one month of submitting your change will result in your claim being terminated.