



BCOC1

THE MORAY COUNCIL

COUNCIL TAX REDUCTION & HOUSING BENEFIT CHANGE OF CIRCUMSTANCES

Name:
New address:
Post code:
Home telephone number:
Mobile number:
Email address:

For Official Use Only	
1st contact	
Issued	
Received	
Ben ref	
Enq ID	
Claim type	

IMPORTANT INFORMATION

Your Housing Benefit and Council Tax Reduction is worked out on the information you have given to us. It may be that the information you gave us has changed or will change in the future.

If your circumstances or the circumstances of anyone in your household change, you should tell us straight away as it may change your benefit. Please use this form to tell us about any changes.

If you delay or don't tell us of changes in your circumstances and you get too much benefit, you will have to repay the overpaid amount back to us. Action may be taken against you which may result in a financial penalty or prosecution and loss of benefit.

If the change means you get more benefit, you must tell us within one month of the change or you could lose money.

If the change is that you have stopped getting Income Support, Job Seekers Allowance, Employment and Support Allowance or Pension Credit, **please contact us for form BCOC2 instead of this one.**

If you have changed address, **please contact us for form BCOA1 instead of this one.**

If you are unsure what changes affect your benefit, please contact us. Details are on page 4.

If you receive UNIVERSAL CREDIT you cannot receive HOUSING BENEFIT as well

Section 1. DETAILS OF THE CHANGE

The change took place on (give exact date)

The change is

Do you still want to claim Housing Benefit and/or Council Tax Reduction? **YES** **NO**

Section 2. DETAILS OF THE CHANGE continued

Evidence: Please show us award letters, bank statements (if income is paid directly into an account) or anything else that confirms the change in your circumstances which you or your partner have had. We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month. If you are having difficulty with giving us confirmation, please contact us.

	YOU	YOUR PARTNER
Have you applied for any benefit/pensions, tax credits and allowances recently?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , what have you applied for?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Have you recently started work, changed jobs, had an increase or decrease in wages?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , complete section 2. If you have ticked NO , go to section 3.		

Section 2. EARNINGS

	YOU	YOUR PARTNER
Are you or your partner in paid employment or self employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tick YES if you are currently absent from work and getting sick pay, maternity pay, adoption pay or paternity pay. Then complete this section in full. If you have ticked NO , go to section 3.		
Do you work for an employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How many jobs do you have?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Self - Employment

	YOU	YOUR PARTNER
Are you self employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , can you provide certified accounts?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Evidence: Please show us your last five payslips if paid weekly, your last three payslips if paid fortnightly, or your last two payslips if you are paid monthly. If you have only recently started work, please provide your first 2 payslips if paid weekly, or first monthly one. If you have anything that states how much you will earn, for example a contract of employment, please provide that. If you do not have payslips or your payslips do not show everything asked for, please ask for the **Employers Confirmation of Wages form E1** for your employer to complete. If self employed, please provide your certified accounts for your latest business year. If you are unable to provide accounts please indicate above and we will issue you with a self employed earnings form. **Original documents must be provided, not photocopies.** We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month.

Employment

	YOU	YOUR PARTNER
Complete the rest of this section with details of what has changed		
Name and address of your employer.	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Place of work (if different from employer)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date you started work.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date wages increased or decreased.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Your job title. Type of work.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Employee or Payroll number.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Number of hours you work each week.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Section 2. EARNINGS continued

Employment

	YOU	YOUR PARTNER
Is your employment on a casual or fixed term basis?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , what date will it end?	<input type="text"/>	<input type="text"/>
How often are you paid? (e.g. monthly, weekly)	<input type="text"/>	<input type="text"/>
Method of payment? (e.g. cash, cheque, bank transfer)	<input type="text"/>	<input type="text"/>
How much are you paid?	£ <input type="text"/>	£ <input type="text"/>
Amount of bonus, commission or tips not included in pay.	£ <input type="text"/>	£ <input type="text"/>
	YOU	YOUR PARTNER
What date do you expect your next pay increase?	<input type="text"/>	<input type="text"/>
Do you contribute to a private pension plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , please state amount and provide evidence.	£ <input type="text"/>	£ <input type="text"/>
If you receive Statutory Maternity Pay, when did it start?	<input type="text"/>	<input type="text"/>
If you receive Statutory Sick Pay, when did it start?	<input type="text"/>	<input type="text"/>

Section 3. DECLARATION

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

Even if someone else has filled in this form for you, you must sign this declaration if you can.

- **I declare** that there has been no other changes in my circumstances.
- **I understand** that if I give information that is incorrect or incomplete, action may be taken against me. This may include court action.
- **I agree** that you will use this information I have provided to process my claim for Housing Benefit or Council Tax Reduction, or both. You may check some of the information with other sources as allowed by the law.
- **I understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks, credit reference agencies and organisations that may lend me money, if the law allows this.
- **I know** that I must let The Revenues Section know about any changes in my circumstances which might affect my claim using the contact details on page 4.

Signature of person claiming: Date:

Partner's signature: Date:

Form filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

Section 3. DECLARATION continued

- **I declare** that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person
who filled in the form:

Signature of the person
who filled in the form:

Date:

Relationship to the person
claiming:

CONTACTING US:

If you need any help with this form, contact us. You can telephone **01343 563456** or write to
The Revenues Section, Council Office, High Street, Elgin, IV30 1BX.

You can e-mail revenues@moray.gov.uk

You can visit any of the following offices:

- Council Office, High Street, Elgin, IV30 1BX.
- The Institute, 138-144 Mid Street, Keith, AB55 5BJ.
- 13 Cluny Square, Buckie, AB56 1AJ.
- Auchernack, High Street, Forres, IV36 1DX.

For more information on Housing Benefit and Council Tax Reduction visit our web site:
www.moray.gov.uk/benefits

If you need information from the Moray Council in a different format, such as Braille, audio tape or large print, please contact:

如果閣下需要摩里議會用你認識的語言向你提供議會資訊的話，請要求一位會說英語的朋友或親人與議會聯繫

Jeżeli chcieliby Państwo otrzymać informacje od samorządu rejonu Moray w swoim języku ojczystym, Państwa przyjaciel lub znajomy, który mówi dobrze po angielsku, może do nas

Se necessita de informação, do Concelho de Moray, traduzida para a sua língua, peça o favor a um amigo ou parente que fale Inglês para contactar através do:

Jeigu Jums reikalinga informacija iš Moray regiono Savivaldybės [Moray Council], kurią norėtumėte gauti savo gimtąja kalba, paprašykite angliškai kalbančių draugų arba giminaičių susisiekti su mumis

Чтобы получить информацию из Совета Морэй на Вашем языке, попросите, пожалуйста, Вашего друга или родственника, говорящих по английски, запросить ее

Si necesitas recibir información del Ayuntamiento de Moray en tu idioma. Por favor pide a un amigo o familiar que hable inglés que:



Project Officer, Chief Executive's Office,
High Street, Elgin, IV30 1BX



equalopportunities@moray.gov.uk



01343 563319



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