

Please state below whether you have attached any supporting documents. If so, please state what they are, such as payslips, proof of rent, medical documents.

If you have not told us within one calendar month of the date the change happened, please tell us why. Please attach further sheets if necessary.

Declaration: Please read this statement carefully and sign below

All the information I have given is true and complete. I understand that the Council can prosecute anybody who gives false information or documents about their claim or anybody who keeps claiming benefit after their circumstances have changed in a way that would affect whether they would receive benefits. If I have not given true and complete information and I get too much benefit or discount, the Council can ask me to pay it back. I may also be prosecuted under the Social Security Administration Act 1992.

Claimant's name (print):		Claimant's signature:		Date:	
Partner's name (print):		Partner's signature:		Date:	

If someone else has filled in this form for you, please tell us:

The name of the person:					
Their relationship to you:					
Signature of the person:				Date:	

I have checked the form that the above person has filled in for me and believe it is true and complete.

Claimant's signature:		Partner's signature:		Date:	
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Tel: **0191 520 5551** Email: **benefits@sunderland.gov.uk**

Please take the completed form to your local benefit office or Customer Service Centre, or send it by post to:
The Benefits Service, PO Box 103, Civic Centre, Sunderland SR2 7DN