

Report of Change in Income or Benefits

Name Reference

Address

1. Please provide details of the income(s) that have changed

| Type of income | Previous Amount £ | New Amount £ | Date of change |
|----------------|----------------------|-----------------|----------------|
| | | | |
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| | | | |
| | | | |

2. Please provide details of income(s) that you no longer receive

| Type of income | Amount £ | Date stopped |
|----------------|-------------|--------------|
| | | |
| | | |
| | | |
| | | |

IMPORTANT - Proof must be attached (original copies) for each of the above. If proof is not available please state the reason for this and give details of the evidence and date that it will be provided

Signature

Date

E-mail

Telephone

Please return completed form to: - Benefits Service, Civic Centre, Regent Street, Gateshead, NE8 1HH