Claiming Housing Benefit if you are renting from a relative or friend







This form must be filled in by someone claiming Housing Benefit who is renting their property from a relative or friend.

About you			
First name	Last name	e	
Daytime phone number	Email add	Iress	
Address			
		Benefit cla	im number (if
Postcode:			
Reason for moving Why did you move into your current property?			
Did you look at any other properties before decidi your current home?	ng to rent	Yes	No
Was the property advertised publicly?		Yes	No
Has the property been rented out before?		Yes	No
Tenancy details			
Do you have a written tenancy agreement?		Yes	No

If you have a written tenancy agreement, please send us a copy with this form

If you don't have a written tenancy agreement, please give details reached with your landlord	s of the agreement t	hat you have
How was the amount of rent charged decided?		
Would the amount of rent charged be different if you didn't claim	Housing Benefit?	
Please give details of the deposit paid and where this is deposite	d	
Payment of rent		
Please give details of all rent payments made to date. Please send proof of any payments that you have made with	this form	
Are you in arrears with your rent?	Yes	No
If you what among appared have been producted about these armounts		
If yes, what arrangements have been made to clear these arrears	5?	
Is the rent charge reduced if you aren't working?	Yes	No
Will you be able to stay in the property if Housing Benefit is refused?	Yes	No

Tenancy terms Who is responsible for the upkeep of the property? Who pays for the buildings and contents insurance for the property? Does the landlord hold the keys for the property? Yes No Is the landlord able to enter the property without your Yes No permission? **Declaration** Please make sure you have filled in all parts of this form and signed it. I declare that the information I have given is correct. I understand that if I give information that is false, I may be prosecuted. Signature of the / / Date: person applying: The section below must be filled in if someone has filled in the application form for you. This includes an agent, appointee, relative or friend. I have filled in this form on behalf of As they can't fill in the form because I am (block capitals please) Relationship to the person applying As far as possible, I have confirmed with the person applying that the answers I have written on this form are correct. / Your signature: Date:

Once you have filled in this form and signed the declaration please return it to your local authority

Canterbury City Council
Benefit Payments Section
Military Road
Canterbury, Kent
CT1 1YW
www.canterbury.gov.uk

Dover District Council
Benefit Payments Section
White Cliffs Business Park
Dover, Kent
CT16 3PJ
www.dover.gov.uk

Thanet District Council
Benefit Payments Section
PO Box 9, Cecil Street
Margate, Kent
CT9 1XZ
www.thanet.gov.uk