



APPLICATION FOR HOUSING BENEFIT WHILE TEMPORARILY AWAY FROM HOME

| | |
|--------------------------------|--|
| Full name | |
| Address | |
| Contact number | |
| Email address | |
| Benefit claim reference | |

A. Information

1. What date did you leave or intend to leave the above address?

2. What is the new address where you are staying or will be staying?

3. Do you intend to return to your old address? Yes No

4. Give details of anyone still living at the property:

5. If you are renting the property, have you or your landlord re-let or sublet the property to someone else or do you or they intend to do this? Yes No

If 'Yes', please give the date this happened or is going to happen

6. How long do you expect to be away?

7. Please write below the full reasons why you are away or will be away:

If you are in prison, please answer the following questions:

1. What date were you taken into custody? /
2. What date was you sentenced or are going to be sentenced? /
3. If you have been sentenced, how long is the sentence you have received?

If you are in residential care, please answer the following questions:

1. What date were you taken into residential care? /
2. Is this a trial stay? Yes No
3. If 'No', have you moved in permanently? Yes No
4. If 'Yes', please give the date you decided to stay in residential care permanently.

Please use the space below to give us any extra information.

B. Declaration

The information I have given is true and complete and I authorise the local authority to check the information if they want to. I will write to you straight away if there are any changes in my circumstances so that you can work out my benefit again. **Please sign/date the form below** (if you have a partner they should also sign/date below).

| | | | |
|---|----------------------|-------------|----------------------|
| Claimant | <input type="text"/> | Date | <input type="text"/> |
| Partner | <input type="text"/> | Date | <input type="text"/> |
| If someone else has filled in this form on your behalf, please say why below and ask them to sign and date this form. | | | |
| Signature | <input type="text"/> | Date | <input type="text"/> |
| Reason | <input type="text"/> | | |