## Social Fund Funeral Payment Request for information about Housing Benefit



**SFF001** 09/2015

То	From
Part 1 Claimant's personal details	
Till-	
Title Surname	
First names	
Address	
Audi 699	
National Insurance number	· <i>M</i> '
Date of birth	
We need to confirm whether the	
person named above was in receipt of Housing Benefit on this date	
The second of th	
	<b>)</b>
Sender's name	
Contact telephone number	
Date	
Part 2 Housing Benefit reply	
I confirm the claimant named above was in receipt of Housing Benefit on the date given	
I confirm the claimant named above was not in receipt of Housing Benefit on the date given	
Housing Benefit officer	
Contact telephone number	
Date	

Please return the completed form by email to <a href="mailto:balhamirenehouse.fpadmin@dwp.gsi.gov.uk">balhamirenehouse.fpadmin@dwp.gsi.gov.uk</a>