**Rent Officer Handbook – Housing Benefit Referral – Application – Referral Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Local Authority | | LA Ref. | Single Room Rent required Yo No | |
| 1. Type of Application: New Claim o Renewal Claim o Change of Circumstance o | | | |  |
| Date of Application to LA / / | | | | |
| Renewal Claim: Start of previous benefit period(s) which total at least 52 Weeks / // Start of next benefit period | | | | |
| Renewal after Change of Circumstance: Date of ext’n of benefit period / / Start of next benefit period / / | | | | |
| Change of circumstance: Effective Date of Change / / | | | | |
| 1. Application within 12 months Yes o No o | | | If yes give reasons: | |
|  | | | | |
| 1. Applicant | Name: | | Surname: | Title: |
| Address: | | | | |
| Postcode: | | Tel: | NINO: | |
| 1. Landlords name and address: | | | | |
| 1. Type of accommodation | Room | No. of rooms | Sole use | Shared use |
| Detached house o  Terrace house o | Living room |  |  |  |
| Semi-detached house o  Maisonette o | Bedroom |  |  |  |
| P.B. Flat o  Converted Flat o | Bed-sitting room |  |  |  |
| Flat over shop o Room(S) o Hostel o | Kitchen |  |  |  |
| Other o | Bathroom |  |  |  |
| If room(s), location in building  LHS o RHS o  Front o Centre o Rear o | Toilets |  |  |  |
| Other |  |  |  |
| Total |  |  |  |
| Central Heating | Y o  N o | Garden | Y o  N o |
| Floor: B o G o 1 o 2 o 3 o Others (s) | Garage | Y o  N o | Parking | Y o  N o |
| 1. Household Details | | | | |
| Name | Date of birth | Sex | Relationship to applicant | |
| 1. |  |  |  | |
| 2. |  |  |  | |
| 3. |  |  |  | |
| 4. |  |  |  | |
| 1. Types of tenancy | | Date Occupancy Began / / | | |
| Assured shorthold o | | Registered Housing Association o | | Other o |
| Joint Tenancy Y o N o | | No. of Joint Tenants | | |
| Period of tenancy (months)  \_\_\_\_\_\_ m | | Landlord resident at these premises Y o N o | | |
| Furnished. Yes o No o (if yes) Full furnished o Partly furnished o Minimally furnished o | | | | |
| 1. Rent | Gross Rent £ | Rental Period. W o No of weeks \_\_\_\_ (w)  F o C M o LM o Y o | | |
| 1. Services/Amenities included in the rent | | | | |
| Lighting of accommodation | Eo lo | Changing of common areas. | | Eo lo |
| Hot Water | Eo lo | Laundry equipment | | Eo lo |
| Gas/Electricity for cooking | Eo lo | Laundering by landlord | | Eo lo |
| Heating | Eo lo | Porter or estate staff/gardening | | Eo lo |
| Power | Eo lo | Lift | | Eo lo |
| Cleaning of accommodation | Eo lo | Council Tax | | Eo lo |
| B’fast o Lunch o Evening meal o | Eo lo | Water Charges | | Eo lo |
| Lighting of common areas | Eo lo | Othero (specify) | | Eo lo |
| 1. Support Accommodation? Y o N o | | | | |
| Net Rent (Referred rent) £ | Eo lo | General Counselling and Support Services | | Eo lo |
| Total Ineligible support services | Eo lo | Emergency Alarm systems | | Eo lo |
| Total Eligible Support services £ | Eo lo | Nursing and Personal Care | | Eo lo |
| Gross rent £ | Eo lo | Cleaning of Rooms and Windows | | Eo lo |
|  | Eo lo | Medical Expenses | | Eo lo |
| 1. Remarks | | | | |
|  | | | | |
| LA Contact:  Tel:  Date: | | | | |