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

|  |  |  |
| --- | --- | --- |
| Local Authority | LA Ref. | Single Room Rent required YoNo |
| 1. Type of Application: New Claim o Renewal Claim oChange of Circumstance o
 |  |
| Date of Application to LA / / |
| Renewal Claim: Start of previous benefit period(s) which total at least 52Weeks / //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 oNo 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 oTerrace house o | Living room |  |  |  |
| Semi-detached house oMaisonette o | Bedroom |  |  |  |
| P.B. Flat oConverted Flat o | Bed-sitting room |  |  |  |
| Flat over shop o Room(S) o Hostel o | Kitchen |  |  |  |
| Other o | Bathroom |  |  |  |
| If room(s), location in buildingLHS o RHS oFront o Centre o Rear o | Toilets |  |  |  |
| Other |  |  |  |
| Total |  |  |  |
| Central Heating | Y oN o | Garden | Y oN o |
| Floor: B o G o 1 o 2 o 3 o Others (s) | Garage | Y oN o | Parking | Y oN 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: |