

**Restricted – Personal Data**

**Benefit cap: LA/DWP email notification template**

**LA Section – Mandatory Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LA Contact Details** | | | | | | | |
| **\***Local Authority (LA) | |  | | | | | |
| **\***LA Officer Name | |  | | | | | |
| **\***LA Phone Number | |  | | | | | |
| **\***LA Email Address | |  | | | | | |
| **\***LA Reference Number | |  | | | | | |
| **\***Date | |  | | | | | |
|  |  |  |  |  |  |  |  |
| **Section 1 - HB claimant details (including partner details where appropriate)** | | | | | | | |
| **\***HB Claimant Name | |  | | | | | |
| **\***HB Claimant NINo. | |  | | | | | |
| HB Partner's name | |  | | | | | |
| HB Partner's NINo | |  | | | | | |
|  |  |  |  |  |  |  |  |
| **HB Section 2** | | | | | | | |
| **\***Current HB award **(before cap applied)** | | £ |  |  |  |  |  |
|  |  |  |  |  |
| **\***HB award effective date | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **\*Section 3** Customer in Specified / Supported Exempt Accommodation (SEA) | | | | | Yes |  |  |
| No |  |  |
| **\***Enter Specified - SEA Address | | | | | Effective date |  |  |
|  |  |  |
|  |  |  |
| **\* Mandatory information** | | | | | | | |



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**LA Section – Further Information**

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| As defined by the Data Protection Act, do not include the following sensitive personal data in the section below: racial or ethnic origin of the data subject, political opinions, religious beliefs or other beliefs of a similar nature, Trade Union membership, physical or mental health or condition, sexual life , The commission or alleged commission of any offence, Any proceedings for any offence committed or alleged to have been committed, the disposal of such proceedings or the sentence of any court in such proceedings. |
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| **Section 4 Customer / LA Enquiry** |
| **Please state reason for enquiry (DWP itemised calculation query or / grace period query)** |
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| **Other Information** |
| **Example - Change to benefit entitlement / awards or partner details, Extended HB payments etc.** |
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| Mail this form to: benefitcap.belfastnationalteam@dwp.gsi.gov.uk |



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**Benefit cap: LA/DWP email notification template DWP section**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1 Customer / LA Enquiry Response** | | | | | | | |
| Summary of Change:- | | | | | | | |
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|
| **Changes to benefit cap *(Yes - attach BCAS calc summary)*** | | | Yes |  |  |  |  |
| No |  |  |  |  |
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| **Section 2: DWP Contact Details** | | | | | | | |
| **DWP officer sending notification** |  | | | | | | |
| **DWP email address** | [benefitcap.belfastnationalteam@dwp.gsi.gov.uk](mailto:benefitcap.belfastnationalteam@dwp.gsi.gov.uk) | | |  |  |  |  |
| **Date** |  |  |  |  |  |  |  |