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

**LA section**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1: HB claimant details** (including partner's details where appropriate) | | | |
| 1 | HB claimant's name |  | |
| 2 | HB claimant's NINo |  | |
| 3 | HB partner's name |  | |
| 4 | HB partner's NINo |  | |
| **Section 2: Type of notification** (tick applicable box) | | | |
| 5 | New cap case and cap not applied (complete ***Section 3, number 10***) for reason cap not applied) | |  |
| 6 | Existing cap case, HB award has changed and the cap no longer applies (complete ***Section 3, number 10*** for reason to remove cap) | |  |
| 7 | Customer enquiry from claimant/partner *(complete* ***Section 4****)* | |  |
| 8 | Dual case *(complete* ***Section 5****)* | |  |
| 9 | Request for HB information from DWP (complete ***Section 6 and Section 7)*** | |  |
| **Section 3: Reason for Change of Circumstances** (tick applicable box) | | |  |
| 10 | **HB award** amount ended/changed from date (under cap threshold) (please complete ***Section 6****)* | |  |
| 11 | Cap case is now in receipt of an exempt benefit **from date**   * DLA, WTC, AFCS etc. * Supported Exempt Accommodation,   under cap threshold after HB removed | | |
| 12 | Housing Benefit Extended Payments (complete ***Section 6*** with more details) | |  |
| 13 | Other (please provide details in ***Section 7***) | |  |
| **Section 4: Customer Enquiry** (tick applicable box) | | |  |
| 14 | Customer enquiry from claimant/partner (please provide full details of the query in ***Section 7*** , Including claimant/partners contact details) (and complete ***Section 6***)   * DWP itemised calculation query * Grace period query | |  |

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**LA section**

|  |  |  |
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| **Section 5: Dual Case** | | |
| 15 | Dual HB claim? Yes  If Yes complete ***Section 5, Number 16***  No  If No complete ***Section 6, Number 18*** | |
| 16 | If Yes to Dual case: HB Award for lead LA £ , at date  HB Award for second LA £ , at date | |
| 17 | Are they in Supported Exempt Accommodation Yes  No  If Yes which LA is S(E)A:   * HB Award for lead LA * HB Award for second LA | |
| **Section 6: HB award confirmation (complete if not a Dual case)** | | |
| 18 | **Current HB award** £ at date | |
| 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. | | |
| **Section 7: Notes** | | |
| 19 | Please provide further details: | |
| **Section 8: LA to complete (complete in all cases)** | | |
| 20 | LA officer sending notification |  |
| 21 | LA phone number |  |
| 22 | LA email address |  |
| 23 | Local Authority |  |
| 24 | LA reference number |  |
| 25 | Date |  |

Email this form to: [BENEFITCAP.BELFASTNATIONALTEAM@DWP.GSI.GOV.UK](mailto:BENEFITCAP.BELFASTNATIONALTEAM@DWP.GSI.GOV.UK)

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**DWP section**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1: HB claimant details** (including partner's details where appropriate) | | | |
| 1 | HB claimant's name |  | |
| 2 | HB claimant's NINo |  | |
| 3 | HB partner's name |  | |
| 4 | HB partner's NINo |  | |
| **Section 2: Type of notification** (tick applicable box) | | | |
| 5 | Outcome of LA referral (complete ***section 3***) | |  |
| 6 | Dual case (complete ***section 4***) | |  |
| 7 | HB information required to determine the cap (Complete **section 6**) | |  |
| 8 | Grace period changes (complete ***section 5***) | |  |
| **Section 3: Outcome of LA referral** (tick applicable box) | | | |
| 9 | Claimant/partner contacted, no changes to cap | |  |
| 10 | Unable to contact claimant/partner, no further action taken | |  |
| 11 | Other (please provide details in ***section 6***) | |  |
| **Section 4: Dual Case** (tick applicable box) (For a **Grace period** complete Section 6) | | | |
| 12 | Confirmation/Information required for a Dual case (Please complete **Section 6** andprovide details of the second LA including the email address) | |  |
| 13 | In receipt of an exempt benefit (DLA, WTC etc.) | |  |
| 14 | Itemised calculation completed and above the cap threshold (Atlas transaction sent) | |  |
| **Section 5: Grace period details** | | | |
| 15 | Grace period now applies from  to , take appropriate action. | |  |
| 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. | | | |
| **Section 6: Notes** | | | |
| 16 | Please provide further details: | | |
| **Section 7: DWP to complete** | | | |
| 17 | DWP officer sending notification |  | |
| 18 | DWP email address |  | |
| 19 | Date |  | |