

Defence form

(rented residential premises)

Name of court	Claim No.
Name of Claimant	
Name of Defendant	
Date of hearing	

Personal details

1. Please give your:

Title Mr Mrs Miss Ms Other

First name(s) in full

Last name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Address (if different from the address on the claim form)

Postcode

Disputing the claim

2. Do you agree with what is said about the premises and the tenancy agreement? Yes No

If No, set out your reasons below:

Did you receive the notice from the claimant referred to at paragraph 6 of the particulars of claim? Yes No

3. If Yes, when: _____

4. Do you agree that there are arrears of rent as stated in the particulars of claim? Yes No

If No, state how much the arrears are: £ _____ None

5. If the particulars of claim give any reasons for possession other than rent arrears, do you agree with what is said? Yes No

If No, give details below:

6. Do you have a money or other claim (a counterclaim) against your landlord? Yes No

If Yes, give details:

Arrears

7. Have you paid any money to your landlord since the claim was issued? Yes No

If Yes, state how much you have paid and when: £ _____ date _____

8. Have you come to any agreement with your landlord about repaying the arrears since the claim was issued? Yes No

I have agreed to pay £ _____ each (week)(month)

9. If you have not reached an agreement with your landlord, do you want the court to consider allowing you to pay the arrears by instalments? Yes No

10. How much can you afford to pay in addition to the current rent? £ _____ per (week)(month)

About yourself

State benefits

11. Are you receiving Income Support? Yes No
12. Have you applied for Income Support? Yes No
If Yes, when did you apply? _____
13. Are you receiving housing benefit? Yes No
If Yes, how much are you receiving? £ _____ per (week)(month)
14. Have you applied for housing benefit? Yes No
If Yes, when did you apply? _____
15. Is the housing benefit paid to you to your landlord

Dependants (people you look after financially)

16. Have you any dependant children? Yes No
- If Yes, give the number in each age group below:
- under 11 11-15 16-17 18 and over

Other dependants

17. Give details of any other dependants for whom you are financially responsible:

Other residents

18. Give details of any other people living at the premises for whom you are not financially responsible:

Money you receive		Weekly	Monthly
19. Usual take-home pay or income if self-employed including overtime, commission, bonuses	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Job Seekers allowance	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Pension	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Child benefit	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other benefits and allowances	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Others living in my home give me	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
I am paid maintenance for myself (or children) of	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other income	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total income	£ _____	<input type="checkbox"/>	<input type="checkbox"/>

Bank accounts and savings

20. Do you have a current bank or building society account? Yes No

If Yes, is it

in credit? If so, by how much? £ _____

overdrawn? If so, by how much? £ _____

21. Do you have a savings or deposit account? Yes No

If Yes, what is the balance? £ _____

Money you pay out

22. Do you have to pay any court orders or fines?

Court	Claim/Case number	Balance owing	Instalments paid
Total Instalments paid £			per month

23. Give details if you are in arrears with any of the court payments or fines:

24. Do you have any loan or credit debts?

Yes

No

Loan/credit from	Balance owing	Instalments paid
Total Instalments £		per month

25. Give details if you are in arrears with any loan / credit repayments:

Regular expenses

(Do not include any payments made by other members of the household out of their own income)

26. What regular expenses do you have?

(List below)

		Weekly	Monthly
Council tax	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Gas	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Water charges	£_____	<input type="checkbox"/>	<input type="checkbox"/>
TV rental & licence	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Credit repayments	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Mail order	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping, food, school meals	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Travelling expenses	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance payments	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Total expenses	£_____	<input type="checkbox"/>	<input type="checkbox"/>

Priority debts

27. This section is for **arrears** only. **Do not** include regular expenses listed at Question 26.

		Weekly	Monthly
Council tax arrears	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Water charges arrears	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Gas account	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Electricity account	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance arrears	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Others (give details below)			
	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
	£ _____	<input type="checkbox"/>	<input type="checkbox"/>

28. If an order for possession were to be made, would you have somewhere else to live? Yes No

If Yes, say when you would be able to move in: _____

29. Give details of any events or circumstances which have led to your being in arrears of rent (for example divorce, separation, redundancy, bereavement, illness, bankruptcy) or any other particular circumstances affecting your case. If there are any reasons why the date any possession order takes effect should be delayed, give them here. If you believe you would suffer exceptional hardship by being ordered to leave the property immediately, say why.

You need only answer question 30 if the claim form includes a claim for demotion or suspension of right to buy.

30. Do you agree with what is said about your conduct or use of the property?

Yes

No

If No, set out your reasons below:

Statement of Truth

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I believe that the facts stated in this defence form are true.

The Defendant believes that the facts stated in this defence form are true. **I am authorised** by the defendant to sign this statement.

Signature

Defendant

Litigation friend (where defendant is a child or a patient)

Defendant's legal representative (as defined by CPR 2.3(1))

Date

Day

Month

Year

Full name

Name of defendant's legal representative's firm

If signing on behalf of firm or company give position or office held