

Request for Overlapping Housing Benefit

Claim Reference:

Claimants Name:

Current Address:

The tenancy is due to end on: _____

What date did you tell your landlord you were moving out? _____

How much notice did you have to give? _____

To what date did you have to pay your rent to at your old address? _____

New Address: _____

The tenancy started on: _____

What date did you accept the new tenancy? _____

I moved to my new address on _____

I would like consideration to be given rent allowance to be paid on both addresses for the period:
_____ to _____

Because: _____

Signature of claimant _____

Date _____