



Landlord Acceptance

TENANTS NAME

PERSON PIN

ADDRESS

- 1 I am aware that in accepting payments there is an obligation placed upon me to notify this authority of any change in circumstances which may affect my tenants entitlement to benefit. This includes changes in rent, tenants, if the tenancy has ended or any other change in circumstances which might affect entitlement. I am aware it is a criminal offence under the Social Security Administration Act 1992 (Amended 1997) to knowingly fail to declare changes in my tenants circumstances.

In the event that a recoverable overpayment occurs, please note that we may ask you to refund any sum of benefit to which a claimant is not entitled.

Agent OR Landlord signature.....

Name in block capitals.....

Agent OR Landlord Address.....

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- 2 I do not wish to accept the Housing Benefit payment in respect of the above named.

Agent OR Landlord Signature

Agent OR Landlord Address.....

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- 3 If you are acting as an agent for the landlord of the property, please give:

Your full name and address at No 1

Please confirm the landlords full name and address

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Please provide documentary evidence of who the legal owner of the property is.

Date ... / ... / ...