



Tel: (01255) 686811
Fax: (01255) 686402
E Mail: benefits@tendringdc.gov.uk

Date:

BF010/04.08
Our Ref.:
Your Ref.

CLAIM FOR OVERLAPPING BENEFIT ON TWO HOMES

You have been sent this form because you have requested that Housing Benefit be paid on two properties at the same time. To enable me to consider your claim please answer the questions below and include any appropriate documentary evidence. The maximum period that can be considered for overlapping benefit is **four** weeks.

BENEFIT CANNOT BE PAID FOR A PROPERTY THAT YOU HAVE NOT YET MOVED INTO.

WE CAN ONLY CONSIDER PAYING BENEFIT ON TWO HOMES IF YOU HAVE ALREADY MOVED INTO YOUR NEW HOME DURING THE OVERLAPPING PERIOD.

IF YOU REMAIN IN YOUR OLD ADDRESS DURING THE PERIOD OF NOTICE, AN OVERLAP CANNOT BE CONSIDERED.

1. Please explain how you became liable to pay rent on two properties at the same time.

2. For what period do you wish to claim overlapping benefit? (The maximum period that can be considered for overlapping benefit is **four** weeks)

3. During the above period where will you be living?

4. Please advise the date you actually moved from one address to the other.

5. What is the address of the property for which you wish to claim overlapping benefit?

6. Will you continue to be liable to pay rent at your 'old' address after you have moved out? **If yes please send proof e.g. a copy of the tenancy agreement or letter from your landlord confirming your period of notice.**

YES/NO*

If you have answered YES to Question 5 when will your liability to pay rent at your 'old' address end?

7. From what date did you accept your new tenancy and when will your liability to pay rent at the new address start? **(Please provide proof of both).**

8. Will there be a rent-free period at the start of your new tenancy (e.g. for redecoration).

YES/NO*

9. Please tell us your new landlords name and address.

10. Are you unable to move into your new address because you are waiting for a social fund payment? **(If YES please send proof)**

YES/NO*

11. Are you unable to move into your new address until adaptations have been made to accommodate the needs of a disabled member of your household?

YES/NO*

12. Please tell us below any other information that you think is relevant to your claim.

* please delete as appropriate

Signature: _____

Date: _____