Consent form for disclosure of information about benefit claim to landlord

AUTHORISATION FOR DISCLOSURE OF INFORMATION ABOUT MY HOUSING BENEFIT CLAIM

To:	[insert	t name and address of council's hous	ing benefit section]
I	[full name]		
of			
			[full postal address]
			[claim reference number (if known)]
			[National Insurance Number]
			of council] Council permission to share information rd [name and full address of landlord].
	-	onsent to you disclosing the following they request it:	g information to my landlord in relation to my
•	wheth	ner my claim has been received;	
•	the st	atus of my claim;	
•		ner you are waiting for further inform nably require in order to make a deci	ation, documentation or evidence that you sion on my claim
•	if so, a	a description of the information or do	ocumentation required
•	if a de	ecision has been made on my claim:	
		the date my benefit starts and end	s
		the weekly amount of my benefit	
		when my benefit will be paid	
•		ner a decision has been made that the tails of the overpayment;	ere is a recoverable overpayment of benefit, and if
will n	ot affect	my eligibility for benefit. I also unde	any time and that withdrawing this permission rstand that the Council cannot disclose personal acome and other benefit entitlements.
Signature:			[of the claimant]
Date:	_	//	

