

Date:

Benefit Services

TENANT'S DECLARATION

Tenant's Name: _____

Address: _____

I agree that any Housing Benefit due to me should be paid straight to my landlord, and understand that:

I must still tell the Housing Benefit Office of any change in my circumstances which affect Housing Benefit.

I must still pay any amounts not recovered by Housing Benefit.

Signed: _____

Date: _____

Please return this form to:

