

Local authority address

Prison address stamp

Part A

Surname or family name

Mr/Mrs/Miss/Ms/other

Other names

Any other names you have used

Address benefit claimed for

Postcode

National Insurance (NI) number
if you know it

Letters Numbers Letter

Date of birth

 / /

Is anybody else living at the
address you are claiming for?

No

Yes What is their name and relationship to you?

Part B – to be filled in by the claimant

On what date did the change occur?

 / /

Please tell us
about

- the details of your release, or
- the change in your circumstances

Claimant's
signature

Date

 / /

Part C

For office use only

This inmate has/has not signed a disclaimer allowing the release to you of any information you may require from me to administer their Housing Benefit or Council Tax Benefit claim.

Signature

Date

 / /

Name

Title

Phone
number

Code Number

Prison number

When contacting us please quote prison number on ALL correspondence and enquiries.