

HOUSING BENEFIT CERTIFICATE OF OCCUPATION

This form must be completed by the landlord or agent only. It should not be given back to the tenant but instead should be returned directly to the appropriate Housing Benefit office (see addresses on back of this form).

NO HOUSING BENEFIT CAN BE PAID UNTIL THIS IS RECEIVED BY THE NIHE.

Property Address (include any flat number)	
	Post Code

Tenants Name	
Tenants Partner's name	
Previous HB Reference No.	
Previous Address	
	Post Code

About the owner/agent

Please give us details of the property owner (required in **EVERY** case)

Last Name	
Other Names	
Address	
	Post Code
Phone Number	
E-mail address	

Please give us agent's details if there is one

Agents Name	
Company	
Address	
	Post Code
Phone Number	
E-mail address	

	YES	NO
Is the tenant related to the owner or agent		
Is the tenant's partner related to the owner or agent		
Is the tenant's former partner related to the owner or agent		
Is a close family member related to the owner or agent		
Is the tenant a former partner of the owner		
Is the owner responsible for a child living in the property		
Is the owner or agent employed by the Housing Executive		

If the answer to any of the above questions was YES please give details below.

Do you already receive direct payment of Housing Benefit	YES		NO	
--	-----	--	----	--

If yes please state your landlord reference number here _____

If you do not already receive direct payment of Housing Benefit we must have details of the bank or building society account you wish to use for payments.

Name of bank or building society										
Branch address										
	Post Code									
Sort Code										
Account Number										
Account Name										

To receive payment notification by secure email please provide your email address in the box below.

About the tenancy

What date did the tenancy commence	
On what date did the tenant first occupy the property	
Is the tenant still living there – state yes or no	
Is the tenant in arrears –state yes or no	
If yes state by how many weeks	
How much in total do you charge the tenant	
How often is this charged (e.g. weekly or monthly)	
Are rates included - state yes or no	
Are charges for any services included – state yes or no	
Are charges for meals included - state yes or no	
Is there a signed tenancy agreement? - state yes or no	
Is it a joint tenancy? - state yes or no	

If charges for services or meals are included please give details

SERVICE	AMOUNT	SERVICE	AMOUNT
Heating	£	Laundry or cleaning	£
Lighting	£	Furniture	£
Hot water	£	Garage/parking space	£
Power for cooking	£	Personal care/support	£
Other (give details)			

MEAL	AMOUNT				
Breakfast	£	Tick if daily		Tick if weekly	
Lunch	£	Tick if daily		Tick if weekly	
Evening meal	£	Tick if daily		Tick if weekly	

About the tenants accommodation/property

The tenant’s accommodation is (tick one box only)

House		Purpose built flat		Houseboat	
Bungalow		Flat over a shop		Bedsit or rooms	
Flat in a house		Caravan		Board & lodgings	

The property is (tick one box)

Detached		Semi-detached		Terraced	
----------	--	---------------	--	----------	--

Number of rooms occupied by the household

	NUMBER
Living Rooms	
Kitchens	
Bedrooms	
Bathrooms	

Does the tenant share any rooms (other than with a partner or any children)	YES		NO	
---	-----	--	----	--

If YES, please tick rooms that are shared

Shares a living room	
Shares a bedroom	
Shares a kitchen only	
Shares a bathroom only	
Shares both kitchen and bathroom	

Private Tenancies Order 2006 information

	YES	NO
Was the property built before 1945		
If yes has a Certificate of Fitness been issued		
Is the rent registered with the NI Rent Office		

The following statement is important so please read it carefully. You must sign and date the statement and then return the form to us.

I declare that the information I have given on this form is correct and complete to the best of my knowledge and understand that it is a criminal offence to knowingly give incorrect information or to withhold relevant information. I authorise the Housing Executive to make any enquiries it considers necessary to verify the information given on this form and understand that any information given may be shared with other government organisations if this is allowed by law. I understand that any Housing Benefit overpaid to a landlord or agent may be recovered from any other payment of Housing Benefit made to that person even if it is in respect of another tenancy. I understand that the information I have given may also be used for other functions of the Housing Executive.

Signed: _____ Date: _____

Landlord or Agent

Data protection: The Housing Executive applies the principles of the Data Protection Act 1998 in terms of the gathering, use and disclosure of the information provided on this claim form.

HOUSING BENEFIT OFFICE ADDRESSES

OFFICE ADDRESS	DISTRICT COUNCIL AREAS COVERED
Twickenham House Mount Street, BALLYMENA BT43 6BP	Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Larne, Newtownabbey, Moyle
32-36 Great Victoria Street BELFAST BT2 7BA	Belfast
Marlborough House Central Way CRAIGAVON BT64 1AJ	Armagh, Banbridge, Craigavon, Newry & Mourne
29 Antrim Street LISBURN BT28 3AU	Housing Benefit Recovery Office
Richmond Chambers The Diamond LONDONDERRY BT48 6QP	Derry, Limavady, Magherafelt, Strabane
Strangford House 28 Court Street NEWTOWNARDS BT23 7NX	Ards, Bangor, Castlereagh, Downpatrick, Lisburn
MacAllister House Woodside Avenue OMAGH BT79 7BP	Cookstown, Dungannon, Fermanagh, Omagh