Third Party Consent Form for Hull Benefits



The law allows Housing Benefits to contact and inform other third party organisations regarding your Housing Benefit or Local Housing Allowance claim if we have your agreement to do so and we consider it to be in your best interests.

It is your legal right under Data Protection legislation to change or withdraw your consent to share this information at any time.

Please complete this form in full, and return it to the Hull Benefits Service, FREEPOST RSJC-KKBE-ABXZ, Hull Revenues & Benefits, PO Box 15, HU1 2AB to enable us to act accordingly.

Claim Reference Number		
Full Name		
Address		
Postcode		
Date of Birth		
Telephone Number Home/Mobile		
l give/do not consent - (delete as appropriate)		
<i>I give permission for Housing Benefits Section to Contact/Inform the following*:</i> * You can tick more than one box		
My Landlord Homelessness Support / Advice Services		
Voluntary Organisations Adult and Young People Services		
Health/Medical Services Community Legal Advice Centre		
Friend/Relative or Other If you already have the name and telephone number of a contact give details		
Regarding*:		
All Capital Incor	ne Rent	Claim processing
Payments made or due		
Health issues affecting my ability to pay rent		
Financial issues affecting my ability to pay rent		
Signed (Claimant)		Date

Important -If you are 8 weeks or more in arrears and your Landlord has notified us of this we do not need permission to make direct payment to your Landlord. Payments will be made to your Landlord until the arrears have cleared.

(HBCONSENT)