**AUTHORISATION FOR DISCLOSURE OF INFORMATION ABOUT MY HOUSING BENEFIT CLAIM**

To: [insert name and address of council’s housing benefit section]

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [full name]

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [full postal address]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [claim reference number (if known)]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [National Insurance Number]

hereby give the housing benefit section of [name of council] Council permission to share information about my claim for housing benefit with my landlord [name and full address of landlord].

I specifically consent to you disclosing the following information to my landlord in relation to my claim should they request it:

* whether my claim has been received;
* the status of my claim;
* whether you are waiting for further information, documentation or evidence that you reasonably require in order to make a decision on my claim
* if so, a description of the information or documentation required
* if a decision has been made on my claim:
	+ the date my benefit starts and ends
	+ the weekly amount of my benefit
	+ when my benefit will be paid
* whether a decision has been made that there is a recoverable overpayment of benefit, and if so details of the overpayment;

I understand that I can withdraw this permission at any time and that withdrawing this permission will not affect my eligibility for benefit. I also understand that the Council cannot disclose personal information about me, for example details of my income and other benefit entitlements.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [of the claimant]

Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_