

**Third Party Consent Form for Hull Benefits Service**

**This document can be made available in other languages and formats (including large print, audio tape and Braille as appropriate) Please telephone (01482) 300300**

**Claim Number If known**

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

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

Please return the completed form to:-

**Freepost RLUA-YRHR-AKTS, Hull Revenues and Benefits, P.O. Box 128, Hull, HU1 2BR**  
to enable us to act accordingly.

**Customer Details**

Surname or family name

Other names

Address



Postcode

Date of Birth  /  /

Telephone

Home

Mobile

***I give/do not give consent - (delete as appropriate)***

***I give permission for the Housing Benefits Section to contact/inform the following\*:***

*(Please tick as appropriate)*

My Landlord  Friend/Relative or Other

Homelessness  Citizens Advice Bureau

Support/Advice Services  Health/Medical Services

Voluntary Organisations  If you already have the name and telephone number of a contact please give details

Adult and Young People Services

**Regarding\*:**

*(Please tick as appropriate)*

Capital       Income       Rent

Claim Processing

Payments made or due

Health Issues affecting my ability to pay rent

Financial Issues affecting my ability to pay rent

All of the above

**Please sign and date the form below:**

Signature (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.