

APPLICATION FOR CRISIS AND RESILIENCE FUND- HOUSING PAYMENT (CRF- HP)

REQUEST FOR DEPOSIT/RENT IN ADVANCE/REMOVAL COSTS

If you are entitled to and in receipt of Housing Benefit or Universal Credit Housing Element at your current address, you can request a CRF- HP to help with upfront costs to secure a new tenancy if you need to move and you have found a potential property to move to.

Name -

Address -	Date of Birth -
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Telephone -	Email -
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What are you requesting:

REQUEST FOR DEPOSIT

£
£
£

RENT IN ADVANCE

REMOVAL COSTS – provide 3 quotes from local firms.

Does anyone else live with you? **YES /NO**

If yes, please give their details below –

Name	Date of Birth	Relationship to you

Provide the address of the potential property.

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Provide the potential landlord's name and contact details.

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What is the rent charge on the potential property? State amount and frequency of payment.

£

Please state the reasons for moving.

If you have received a notice to leave the current property, please provide it.

You must provide the last two months bank statements for all accounts held by you and your partner. They must be full statements showing name, address, sort code, account number and all transactions.

DECLARATION

The information on this form is correct and complete to the best of my knowledge. I give my permission for the Council to make necessary enquiries to check the information. I know I must tell the Benefits Team about any change in my circumstances which could affect my Crisis and Resilience Fund- Housing Payment. I also understand that any false declaration may be used by the Council in connection with its prevention and detection of fraud.

Preston City Council or Lancaster City Council will use your information for the administration of Housing Benefit and in a manner compatible with the Data Protection Act. Any disclosures or sharing of information will only take place where required or permitted by law. For further information please visit www.preston.gov.uk or www.lancaster.gov.uk

Your signature _____ Date _____

Name of person filling in the form _____

Relationship to person _____