

Overpayment Debt Enquiry Form



Benefit Services

Corby Borough Council The Corby Cube Parklands Gateway Corby NN17 1QG

E-mail: benefit.enquiries@corby.gov.uk

| | | | |
|---------------|--|--------------|------------|
| NAME | | HB Reference | 7 |
| | | Invoice | 8 |
| CLAIM ADDRESS | | Date: | 24.11.2016 |

| Benefit | From | To | £ |
|-----------------|------|----|---|
| Housing Benefit | | | |

Reason for Overpayment

In accordance with the Housing Benefit Regulations this overpayment is recoverable.

Current Employment Details:

Name of Employer _____

Address _____

Contact telephone number _____

Start date with this employer _____ How many hours a week do you normally work _____

| How many adults are in your household? (over 18 years) | | How many children are in your Household (under 18 years) | |
|---|----------------------|---|-----|
| Name | are they working Y/N | Name | DOB |
| Name | are they working Y/N | Name | DOB |
| Name | are they working Y/N | Name | DOB |
| Name | are they working Y/N | Name | DOB |

Is there any other household income? ie. other earnings/tax credits (HMRC)/money from lodgers
(please list all other income received into your household even if it is not in your name)

Please give details of your weekly outgoings

| | | | |
|-------------|---|----------------------------|---|
| Rent | £ | TV/Telephone/Internet | £ |
| Council Tax | £ | Court Orders including CSA | £ |
| Gas | £ | Petrol/Diesel | £ |
| Electricity | £ | Food | £ |
| Water | £ | | |

Other (Please specify) _____

We may request evidence to support your expenditure.

Signed _____

Date _____