

## Request for Overlapping Benefit

<b>Claimant Name</b>		<b>Telephone No.</b>	
<b>Partners Name</b>		<b>Claim reference</b>	
<b>Date Recd</b>			

<b>Period of overlapping benefit requested</b>			
<b>From:</b>		<b>To:</b>	

<b>Previous address</b>	
<b>Date notice given to Landlord</b>	
<b>Date notice period ends</b>	
<b>Date moved out</b>	

**Reason for moving**

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Please provide a letter from your previous landlord confirming the date you are being charged rent to.

**Why could you not remain at this address for the notice period?**

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<b>New address</b>	
<b>Date you physically moved in</b>	

**I / We declare that the information I/we have given on this form is correct and complete.**

**Claimants Signature** \_\_\_\_\_

**Date**    /    /

**Partners Signature** \_\_\_\_\_

**Date**    /    /