



HOUSING BENEFIT OVERPAYMENT FINANCIAL STATEMENT

Claim Ref:

SECTION 1 INFORMATION

Overpayment recovery from your benefit payments

If you have been overpaid Housing Benefit, the overpayment will be recovered from your on-going benefit payments by a weekly deduction known as a "claw-back".

The weekly amount that we will recover is shown on your notification letter.

If the level of weekly deduction will cause you financial hardship, we can look again at the level of claw-back.

Please complete this form to give us details about your financial circumstances, and return it to:

North West Leicestershire District Council
The Leicestershire Partnership
Benefits Section
PO Box 10004
Hinckley
LE10 9EJ

Telephone: 01530 454545

Email: benefits@nwleicestershire.gov.uk

SECTION 2 YOUR DETAILS

Surname:

Other names:

Home address:

Daytime telephone number:

SECTION 3 YOUR BANK ACCOUNTS, SAVINGS AND INVESTMENTS

Please give details of any money that you have in bank or building society accounts, stocks, shares, bonds, Premium Bonds, ISAs, National Savings Certificates, cash and any other savings or investments.

Name of Bank, Building Society or investment	Amount you have

SECTION 4 YOUR INCOME AND OUT-GOINGS

Please give details of the money coming in to and going out of your household.

Household income details	How much?	How often?	For office use only
Take-home pay			
Income from self-employment			
Works pension or annuity			
State Pension/ Pension Credit			
Income Support			
Jobseekers Allowance			
Tax Credits			
Child Benefit			
Incapacity Benefit			
Employment Support Allowance			
Statutory Sick Pay			
Maternity Pay or Allowance			
Board from people living with you			
Money from friends or family			
Child Support or maintenance			
Other income (please specify)			
TOTAL			

Household out-goings	How much?	How often?	For office use only
Rent			
Council Tax			
Mortgage			
Electricity			
Fuel (gas, oil and coal)			
Water rates			
Telephone (home)			
Telephone (mobile)			
Child maintenance or CSA			
Hire purchase and catalogues			
Court fines			
Secured loans			
Television licence			
Television rental			
Satellite or cable television			
Internet or broadband			
Clothing			
Housekeeping (food & necessities)			
Cigarettes & tobacco			
School meals			
Child care costs			
House insurance			
Life insurance			
Bus or train travel			
Car expenses (fuel, tax, insurance)			
Leisure & social activities			
Medical expenses			
Other outgoings (please specify)			
TOTAL			

SECTION 5 OFFER OF REPAYMENT

I feel that the most I can afford to pay back would be £ per week.

SECTION 6 OTHER INFORMATION

Is there anything else you would like to tell us in support of your request?

SECTION 7 DECLARATION

I declare that the information that I have given on this form is correct and complete.

I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.

I know that I must let the Council know in writing about any changes to my circumstances which might affect my claim.

Signature:

Date: