IAPP NEW CLAIM



Name and Address:		17. 6	a 20		
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SIMON CORD				_	
109 BURN CROF	T AUENUE	⊢	tousin	g Ben	efit
ENFIELD					
EN3 7JQ				uricii	Iax
				Supp	ort
			Ref No: 16	23514	
Please fill in this form in CAPI Benefits Service, Enfield Cou	TAL LETTERS an	nd black in B, Silver S	nk and return it to treet, Enfield, E	o: N1 3XW	
Note: You should continue to					
Are you: An Owner	Occupier		A Council Tena	nt	
A Private	Tenant		A Housing Asso	ciation Tenant	
	Housed in Enfield by another Borough		A Bed & Breakfast Tenant of Enfield Council		
If yes, whi	ch Borough?				
	Ti 1899	Yo	u	Your part	 tner
Do you or your partner receive Income Support/Jobseekers Allowance (income pased)/Employment and Support Allowance (income related)		Yes 🗌	No 🗹		lo 🗌
Are you or your partner waiting to hear about claim for Income Support/Jobseekers Allowance (income based)/Employment and Support Allowance (income related)		Yes 🗹	No 🗌	Yes N	· 🗆
OR OFFICE USE ONLY	2				
REVENUE & BENEFIT DIVISION REVENUE INFORMATION 2 0 SEP 2013 EDMONTON	Receipt Date		Receipt	4 SEP`2013	Jean