



PROTECT: Private and Confidential

Mr S Cordell
109 Burncroft Avenue
Enfield
EN3 7JQ

Please
reply to:

Benefits

London Borough of
Enfield
PO Box 63
Civic Centre
Silver Street
Enfield, EN1 3XW

E-Mail:
Phone:

revs@enfield.gov.uk
020 8379 1000

Benefit Ref: 1623514
Date: 2 February 2017

Dear Mr Cordell

Housing Benefit reference: 1623514

Thank you for your recent request.

Please find attached all documents held by London Borough of Enfield in connection with your Housing Benefit and Council Tax Support.

I have also enclosed all notification letters sent to you showing entitlement and breaks in any periods of your claim

I hope this is the information you require but should you require any further information please contact me at the address shown on this letter.

Yours sincerely

Mr P Newton

Benefit Assessment Officer

James Rolfe
Director of Finance, Resources
and Customer Services
Enfield Council
Civic Centre, Silver Street
Enfield EN1 3XY



Phone: 020 8379 1000
Website: www.enfield.gov.uk

? If you need this document in another language or format call Customer Services on 020 8379 1000, or email enfield.council@enfield.gov.uk

If your circumstances change, you must tell us in writing immediately. Email is acceptable. If the change means you get more benefit, you must tell us about it within one month. If you do not, the increase will start from the date you tell us of the change. If the change means you get less benefit, it will start from the date of the change. If we pay you too much benefit because you did not tell us about a change, or you told us afterwards, you must pay the money back.

Enfield Council is leading the way in using technology. This is to help meet your changing needs and make Council services and benefits even more accessible.

Applying for and managing benefits you are entitled to can now be done easily and quickly on-line at a time that suits you, by registering for an Enfield Connected account. Enfield Connected will also help you access more council services in one place, speed up your payments and save you time.

Visit www.enfield.gov.uk to set up an Enfield Connected account so you can:

- Make a housing benefit claim
- Check your entitlement and payment history
- Tell us about a change of circumstance, by editing your account profile
- Check and apply for other benefits including Government benefits
- And more

Enfield Council is improving its on-line services so you can access more Council services in one place, speed up your payments and save you time.

If you do not have access to the internet, or would like help to set up an account, visit Edmonton Green Library, Enfield Town Library, Palmers Green Library, Ordnance Unity Centre Library or the Civic Centre for support and guidance from our Digital Champions.

Please note that any information will be processed in line with the Council's Privacy Notice which is available at www.enfield.gov.uk/privacy.

CHANGE OF ADDRESS

Part 1:

Name: _____

Please give new address: 109 Burncroft Avenue
Enfield
Medok

Postcode: EN3 7DQ

Please give old address: 4 Compton Place
Enfield

Postcode: EN3 6XS

What date did you move into the new address: 14/8/06

At the new address, are you an:

- Owner Occupier
- Council Tenant
- Housing Association Tenant
- Private Tenant
- Boarder
- Other

ALLOCATION SECTION
 11 AUG 2006
 ENFIELD HOUSING SERVICES

DOCUMENT MANAGEMENT

16 AUG 2006

BATCH.....

Part 2:

Please give the names, dates of birth, and relationship to you of everyone who lives with you.

Full Name	Date of Birth	Relationship to you

If you are an Owner Occupier, a Council Tenant, A Council Boarder or a Rent Free Tenant, you do not need to complete any more of this form. Please sign and date the declaration at the end of the form – **Go to Part 4.**

If you are a tenant of a Housing Association please also provide your tenancy agreement. You do not need to complete any more of this form. Please sign and date the declaration at the end of the form – **Go to Part 4.**

If you are a tenant of a Private Landlord, please provide your tenancy agreement, answer the questions in **Part 3** and then sign the declaration at the end of the form.

CHANGE OF ADDRESS



Part 3: For Tenants of Private Landlords Only

Please give the name and address of your Landlord or Agent:

Name: _____

Address: _____

Post code: _____

Are you, your partner or any of your or your partners children related to your Landlord or Agent, or to your Landlord's partner or the Agent's partner?

Yes No

Is your property furnished Partly furnished Furnished

How much is the full rent for your home? £

How often do you have to pay this? Weekly Fortnightly Monthly

Does anyone share the rent with you? Yes No

If Yes – what is your share? £

Does your rent include money for any of the following:

Meals: Yes No If Yes, which meals are provided?

Please tick appropriate box

	Yes	No	How much each week
Water charges			
Heating			
Lighting			
Hot water			
Fuel for cooking			
Laundry			
Cleaning rooms or windows			
Gardening			
Garage or parking space			
Do you have to rent the garage as part of your tenancy agreement?			
Personal care and support			
Do you pay any service charges separate from your rent?			

CHANGE OF ADDRESS

Both you, your Landlord or Agent will also need to complete Part 5.

Part 4:

Declaration:

Has your income or capital changed in any way since you last made a claim?

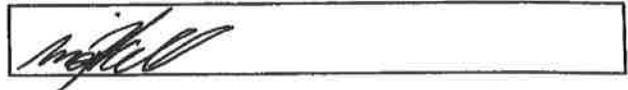
Yes

No

If Yes, please give details and provide original documents as proof.

- I declare that the information 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 agree that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit or both. You may check some of the information with other sources as allowed by law.
- I understand that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and companies such as banks and organisations that may lend me money if the law allows this.
- I know that I must let you know in writing straight away about any change in my circumstances that might affect my claim.

Signature of the person claiming:



Date:

14/8/06

CHANGE OF ADDRESS



What sort of building do you live in?

- | | | | | | |
|---------------------|--------------------------|------------------|--------------------------|-----------------------------------|--------------------------|
| Detached House | <input type="checkbox"/> | Flat in a House | <input type="checkbox"/> | Caravan, Mobile home or Houseboat | <input type="checkbox"/> |
| Semi detached house | <input type="checkbox"/> | Flat in a block | <input type="checkbox"/> | Board and Lodgings | <input type="checkbox"/> |
| Terraced House | <input type="checkbox"/> | Flat over a shop | <input type="checkbox"/> | Hotel | <input type="checkbox"/> |
| Maisonette | <input type="checkbox"/> | Bedsit or Rooms | <input type="checkbox"/> | Residential Nursing Home | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | Residential Care Home | <input type="checkbox"/> |

Do you or your household only occupy part of the building you have ticked?

Yes No

Where in the building do you live?

At the front In the middle At the rear

Which floor do you live on?

Does your home have central heating?

Yes No

Does your home have a garden?

Has your home been adapted or built for people with disabilities?

How many rooms are there in the building?

	In the whole building?	Just for you and your household?	That you share with other people?
Living rooms			
Bedsitting rooms			
Bedrooms			
Bathrooms or shower rooms			
Toilets			
Kitchens			
Other rooms			

Do you use your home for business?

Yes No

Who should we pay benefit to?

You

Now please sign the declaration in **Part 4**

Landlord

Agent

Now please sign the declaration in **Part 4**


Part 5:

If you want us to pay your benefit straight to your Landlord or Agent you must sign this declaration. **Please pay my Housing benefit straight to my Landlord or Agent.**

I understand that:

- I must always tell you about any change in my circumstances;
- If I do not tell you about any change of circumstances and you pay me too much benefit because of this, I will have to pay back the extra benefit; and
- I may be prosecuted if I do not tell you about any change of circumstances.

Claimant Signature:



Date:


Now ask your Landlord or Agent to sign this agreement.

Landlord or Agents Name:

I agree to accept Housing Benefit payments for the tenant named on this form. I understand that by law:

- I must tell you straight away if I find out about any change in the tenants circumstances;
- You can stop paying benefit to me if I do not tell you about any changes of circumstances;
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to; and
- If you pay me too much Housing Benefit for any tenant, I must repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Landlord or Agents Signature:



Date:

14/8/06.

CHANGE OF ADDRESS



Part 6:

Sometimes sharing information with your landlord or agent helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed.

Under the Data Protection Act we need your permission to share information. If you give us permission, we would be able to tell your Landlord or Agent:

- Whether or not you had claimed benefit and if so, whether we have made a decision on your claim or not; and
- If we need further information to make a decision on your claim, what that information is.

There may be other information about your claim that we need to check with your Landlord or Agent, such as the date your tenancy started, before we can make a decision on your claim. If this is the case, we have to ask your Landlord or Agent even if you have not given us permission to discuss your claim with them. Unless you have given us permission by signing this form, we will not discuss anything else with your Landlord or Agent.

We will not give your Landlord or agent any information about:

- Your personal or household circumstances; or
- Your financial circumstances.

If you do not give us permission to discuss your claim with your Landlord or Agent, it will not affect your claim. If you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know. If you want to give us permission to discuss your claim with your Landlord or Agent, please sign below.

I give Enfield Council permission to share information about the progress of my Housing Benefit claim with my Landlord or Agent.

Signature:

Date:

DEPARTMENT OF WORK AND PENSIONS

ADDRESS: 640-656 High Road
Tottenham
London
N17 0AA

IF YOU GET IN TOUCH WITH
US TELL US THIS REF NO
06995/JH653811D
TEL: 020 83655200
DATE: 06/01/2007

LA NAME: Enfield
2

COUNCIL TAX
END OF ENTITLEMENT

IS-DETAILS

CUSTOMER DETAILS:- MR SIMON PAUL CORDELL
START DATE: DOB: 26/01/1981

PARTNER DETAILS:-

NINC: DOB:
START DATE: END DATE:

ADDRESS PREVIOUS ADDRESS

109 BURNCROFT AVENUE
ENFIELD
MIDDLESEX

EN3 7JQ

START DATE: 26/12/2006

START DATE:

DATE OF IS CLAIM 09/06/2006

DATE OF IS ENT 16/05/2006

NON-DEPS

There are no non-dep details held

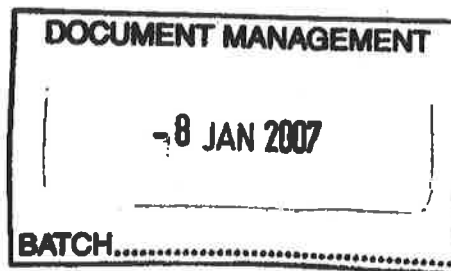
DATE OF IS TERMINATION: 26/12/2006

DATE IS PAID TO:

DATE NOTIFICATION ISSUED: 06/01/2007

REASON: The claimant has been excluded from receiving Income Support

:BREAK:



Mr S Cordell
109 Burncroft Avenue
Enfield
EN3 7JQ

Revenue Information

CICDWP/4/DJK
55508596 01623514

020 8379 3798
020 8379 5191
020 8379 4998
26 April 2007

Dear Mr Cordell

Housing and Council Tax Benefit

The Department for Work and Pensions has told me that your Income Support ended on 26DEC06. As you have not told me of this change, I have suspended your benefit.

If you are on a low income, you may still be entitled to some benefit. Please use the enclosed form to give details of all the income you and your partner have received since 26DEC06, and enclose the proof requested.

Please supply the information by 10MAY07. You do have up to a month to supply the information, but the longer you leave it, the longer it will be before you receive any more benefit. If you do not return the form and supply the information within one month of the date of this letter, we will have to cancel your claim.

If your circumstances change, you must tell us in writing immediately. If the change means you get more benefit, you must tell us about it within one month. If you do not, the increase will only start from the date you tell us of the change. If the change means you get less benefit, it will start from the date of the change. If we pay you too much benefit because you did not tell us about a change, or told us afterwards, you must pay the money back.

Yours sincerely

Mr Colin Bullworthy
Benefit Operations Manager
Visits & Interventions

CICS Account and case numbers: 55508596 01623514

Please write in black ink.

Details of income from 26DEC06

Are you working?	Yes	No
If Yes, how much are you paid each week?	£	
Is your partner working?	Yes	No
If Yes, how much is your partner paid?	£	
How many hours do you work?		
You		
Your partner		
You must enclose payslips. We may contact your employer if your payslips do not provide enough information.		
Please write your employer's name and address:		

Did / do you or your partner receive any other income or benefits, such as state retirement pension, tax credits or incapacity benefit?	Yes	No
If Yes, please list them below and provide proof		
	£	
	£	
	£	

Did / do you and your partner have any bank or building society accounts, savings or investment during this period?	Yes	No
If Yes, please list them below and provide proof of the amounts held for the above period. Please provide the last two full months statements for every bank or building society for you and your partner		
	£	
	£	
	£	

CICS Account and case numbers: 55508596 01623514

Household details: please list all the people living in your household and provide details of their income.

Name	Date of birth	Did they move in or out? (Please state which)	Date of move	Their relationship to the claimant	Their income £

Signed: _____ **Date:** _____

Please note: we can only accept ORIGINAL documents as proof.

DEPARTMENT OF WORK AND PENSIONS

ADDRESS: 640-656 High Road
Tottenham
London
N17 0AA

IF YOU GET IN TOUCH WITH
US TELL US THIS REF NO
06995/JH653811D
TEL: 020 83655200
DATE: 29/04/2007

LA NAME: Enfield
1

IS DETAILS

COUNCIL TAX
IS DECISION

CUSTOMER DETAILS:- MR SIMON PAUL CORDELL

START DATE: DOB: 26/01/1981

PARTNER DETAILS:-

NINO: DOB:

START DATE: END DATE:

ADDRESS

109 BURNCROFT AVENUE
ENFIELD
MIDDLESEX

PREVIOUS ADDRESS

EN3 7JQ

START DATE: 27/03/2007

START DATE:

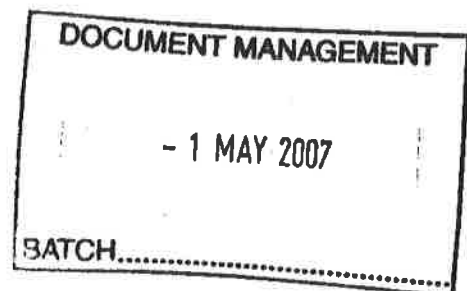
DATE OF IS CLAIM 19/04/2007

DATE OF IS ENT 27/03/2007

NON-DEPS

There are no non-dep details held

:BREAK:



Mr S Cordell
109 Burncroft Avenue
Enfield
EN3 7JQ

Revenue Information

CICDWP/5/LL/Hwkr
55508596 01623514

020 8379 3798
020 8379 5191
020 8379 4998
14 May 2007

BCON/NINEDAY

Dear Mr Cordell

Housing and Council Tax Benefit

The Department for Work and Pensions has told me that there has been a break in your Income Support from 26.12.06 to 27.3.07. As you have not told me of this change, I have suspended your benefit.

If you were on a low income, you may still be entitled to some benefit. Please use the enclosed form to give details of all the income you have received from 26.12.06 to 26.3.07, and enclose the proof requested.

Please supply the information by 28th May 2007. You do have up to a month to supply the information, but the longer you leave it, the longer it will be before you receive any more benefit. If you do not return the form and supply the information within one month of the date of this letter, we will have to cancel your claim.

If your circumstances change, you must tell us in writing immediately. If the change means you get more benefit, you must tell us about it within one month. If you do not, the increase will only start from the date you tell us of the change. If the change means you get less benefit, it will start from the date of the change. If we pay you too much benefit because you did not tell us about a change, or told us afterwards, you must pay the money back.

Yours sincerely

Nineday Team

BCON/NINEDAY

CICS Account and case numbers: 55508596 01623514

Please write in black ink.

Details of income from 26.12.06 to 26.3.07

Are you working?	Yes	No
If Yes, how much are you paid each week?	£	
Is your partner working?	Yes	No
If Yes, how much is your partner paid?	£	
How many hours do you work?		
You		
Your partner		
You must enclose payslips. We may contact your employer if your payslips do not provide enough information.		
Please write your employer's name and address:		

Did / do you or your partner receive any other income or benefits, such as state retirement pension, tax credits or incapacity benefit?	Yes	No
If Yes, please list them below and provide proof		
	£	
	£	
	£	
BCON/NINEDAY		

CICS Account and case numbers: 55508596 01623514

Did / do you and your partner have any	Yes	No
bank or building society accounts, savings or investment during this period?		
If Yes, please list them below and provide proof of the amounts held for the above period. Please provide the last two full months statements for every bank or building society for you and your partner		
	£	
	£	
	£	

BCON/NINEDAY

CICS Account and case numbers: 55508596 01623514

Household details: please list all the people living in your household and provide details of their income.

Name	Date of birth	Did they move in or out? (Please state which)	Date of move	Their relationship to the claimant	Their income £

Signed: _____ **Date:** _____

Please note: we can only accept ORIGINAL documents as proof.

Tulip Floating Support Service - Enfield

Fax

First Floor
185 Angel Place
Edmonton London N18 2UD
Tel: 020 8803 1893
Fax: 020 8803 1867

To: NINE DAY TEAM From: SLGj

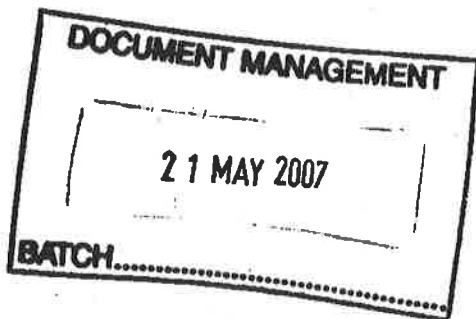
Fax: 020 8879 5191 Pages: 6 (to follow)

Phone: Date: 21/05/07

Re: CICS Acc & Case 55508576 CC:
01628514

Urgent For Review Please Comment Please Reply Please Recycle

• Comments:





Enfield Floating Support Service
185 Angel Place, Fore Street, Edmonton, N18 2UD
Tel: 0208 803 1893 Fax: 0208 803 1867

Wednesday 16th May 2007

BCONN/NINE DAY
Housing and Council Tax Benefit

Dear Sir/Madam

Re: Mr Simon Cordell - JH 65 38 11 D

My name is Shola Ibrahim, and I am the support worker for the above who was referred to our service by the Estate Officer as someone who may benefit from ongoing support regarding maintenance of his tenancy.

I have attached a copy of a signed letter of consent allowing you to discuss with me Mr Cordell's benefit details.

Mr has a low level of literacy which means that he has difficulty in dealing with his written mail and following up on any action necessary. In the past, this has resulted in the curtailment of benefits, rent arrears and also additional charges being applied to utility accounts.

During the period 26/12/06 - 27/03/07, Mr Cordell encountered particular difficulties associated with his literacy when benefits were stopped, and he had to rely on family and friends to supply him with food (a letter from Simon's mother is enclosed).

Mr Cordell was contacted by the Income Support Department to furnish them with original documentation in order to expedite a claim. He was accompanied to Enfield Jobcentre Plus, where he was handed an addressed envelope and instructed to post



TULIP MENTAL HEALTH GROUP
Enfield Floating Support service
185 Angel Place, Fore Street
Edmonton
LONDON, N18 2UD
Tel: 0208 803 1893
Fax: 0208 803 1867

the certificate in the local letter box. Unfortunately, the certificate did not arrive at its destination, and these events were replicated on at least four occasions.

It can be confirmed that Mr Cordell has not been employed since being supported by this service, and presently, he has been hospitalised at North Middlesex Hospital for the last three weeks, receiving treatment for an as yet undiagnosed stomach ailment.

I am enclosing some supporting documentation and if you require any other information, please do not hesitate to contact me.

Yours sincerely

Shola Ibrahim
Floating Support Worker



BCONNINEDAY

CICS Account and case numbers: 55508506 01023514

Please write in black ink.

Details of Income from 26.12.06 to 26.3.07

Are you working?	Yes	<input checked="" type="radio"/> No
If Yes, how much are you paid each week?	£	
Is your partner working?	Yes	<input checked="" type="radio"/> No
If Yes, how much is your partner paid?	£	
How many hours do you work?	NONE	
You		
Your partner		
<p>You must enclose payslips. We may contact your employer if your payslips do not provide enough information.</p> <p>Please write your employer's name and address:</p>		

Did / do you or your partner receive any other income or benefits, such as state retirement pension, tax credits or incapacity benefit?	Yes	<input checked="" type="radio"/> No
If Yes, please list them below and provide proof		
	£	
	£	
	£	

X:\GICDWP.dwt

BCON/NINEDAY
CICS Account and case numbers: 55508596 01623514

<p>Did / do you and your partner have any bank or building society accounts, savings or investment during this period?</p>	<p>Yes</p>	<p><input checked="" type="radio"/> No</p>
<p>If Yes, please list them below and provide proof of the amounts held for the above period. Please provide the last two full months statements for every bank or building society for you and your partner</p>		
	<p>£</p>	
	<p>£</p>	
	<p>£</p>	

per#M0203X

BCONNINEDAY

CICS Account and case numbers: 55508596 01623514

Household details: please list all the people living in your household and provide details of their income.

Name	Date of birth	Did they move in or out? (Please state which)	Date of move	Their relationship to the claimant	Their income £
Mr Simon Cuddeh	26.01.81			Myself	

Signed: *[Signature]* Date: _____

Please note: we can only accept ORIGINAL documents as proof.

Form L210-01

Miss L Cordell
23 Byron Terrace
Edmonton
London
N9 7DG
Date: 17/05/07

To Whom It May Concern:

I am writing this letter to say that I have been helping my son Mr Simon Cordell with Money to live on for food etc.

This was going on from the last year December 2006 until the end March 2007 as they stopped his benefits and what else could I do, I could not see him suffer with no food etc to live on, I am also on benefits and find it hard to live myself let alone trying to support my son. At one time not even I was getting benefits so my mum was helping both of us out and she does not have a lot of money is old and has a metal heath issues.

The reason they stopped my sons benefit was because they messed his clam up this was sorted in March 2007 so he started to get his benefit back from that date and the backdated clam is still going though.

At this time now my son is in hospital as he is very ill and they are running tests to find out what is wrong with him.

Many Thanks



Miss L Cordell

DEPARTMENT OF WORK AND PENSIONS

ADDRESS: 640-656 High Road
Tottenham
London
N17 0AA

IF YOU GET IN TOUCH WITH
US TELL US THIS REF NO
06995/JH653811D
TEL: 020 83655200
DATE: 01/06/2007

LA NAME: Enfield
1

IS DETAILS

COUNCIL TAX
END OF ENTITLEMENT

CUSTOMER DETAILS:- MR SIMON PAUL CORDELL
START DATE: DOB: 26/01/1981

PARTNER DETAILS:-
NINO: DOB:
START DATE: END DATE:

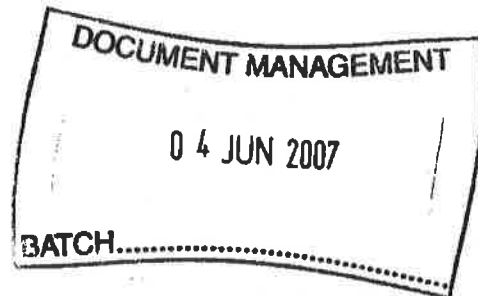
ADDRESS PREVIOUS ADDRESS
109 BURNCROFT AVENUE
ENFIELD
MIDDLESEX
EN3 7JQ
START DATE: 27/03/2007 START DATE:

DATE OF IS CLAIM 19/04/2007 DATE OF IS ENT 27/03/2007

NON-DEPS
There are no non-dep details held

DATE OF IS TERMINATION: 28/04/2007
DATE IS PAID TO:
DATE NOTIFICATION ISSUED: 01/06/2007
REASON: Customer required to be available for work

:BREAK:



Mr Cordell
109 Burncroft Avenue
Enfield
EN3 7JQ

Revenue Information

CICDWP/6/TMW
01623514 01623514

020 8379 3798
020 8379 5191
020 8379 4998
12 June 2007

BCON/NINEDAY

Dear Mr Cordell

Housing and Council Tax Benefit

The Department for Work and Pensions has told me that your Income Support ended on 28th April 2007. As you have not told me of this change, I have suspended your benefit.

If you are on a low income, you may still be entitled to some benefit. Please use the enclosed form to give details of all the income you and your partner have received since 29th April 2007. Please ensure that all questions are answered. **We cannot pay you any more benefit until this is received.**

If your circumstances change, you must tell us in writing immediately. If the change means you get more benefit, you must tell us about it within one month. If you do not, the increase will only start from the date you tell us of the change. If the change means you get less benefit, it will start from the date of the change. If we pay you too much benefit because you did not tell us about a change, or told us afterwards, you must pay the money back.

You do have up to a month to supply the information, but the longer you leave it, the longer it will be before you receive any more benefit. If you do not return the form and supply the information within one month of the date of this letter, we will have to cancel your claim.

Yours sincerely

Nineday Team

BCON/NINEDAY

CICS Account and case numbers: 01623514 01623514

Please write in black ink.**1: Details of income from**

Are you working?	Yes	No
If Yes, how much are you paid each week?	£	
Is your partner working?	Yes	No
If Yes, how much is your partner paid?	£	
How many hours do you work? You Your partner		
You must enclose your last 5 weeks / two months consecutive payslips. If you have just started work and cannot provide any or not enough of them, please also provide your employment contract or a letter from your employer showing your pay details. We may need to contact your employer if we require further information.		
Can we contact your employer?	Yes	No
If YES, please give their name, address and telephone number so we can contact them direct. If you do not give us permission this may delay your assessment.		

BCON/NINEDAY

CICS Account and case numbers: 016235.14 01623514

2.

Did / do you or your partner receive any other income or benefits, such as state retirement pension, tax credits or incapacity benefit?	Yes	No
If Yes, please list them below and provide proof		
	£	
	£	
	£	
Have you applied for Working Tax Credit?	Yes	No
If Yes, when did you apply		

3

Have you/your partner reapplied for		
Income Support	YES	NO
Job Seekers Allowance	YES	NO
If YES, when did you reapply		
If you have reapplied for benefit, it may not be continuous from the date that your previous entitlement ended. Therefore we will not be able to pay you more benefit unless we have proof of your income during these periods.		

BCON/NINEDAY

CICS Account and case numbers: 01623514 01623514

4

If you have answered **NO** to questions 1 & 2, please provide details of how you pay your day to day living needs i.e. food, clothing, heating etc... If you are supported by friends/family we will need to see evidence of this.

5

Did / do you and your partner have any bank or building society accounts, savings or investment during this period?	Yes	No
If Yes, please list them below and provide proof of the amounts held for the above period. Please provide the last two full months statements for every bank or building society for you and your partner including the one that your Income Support or Job Seekers Allowance was paid in to.		
	£	
	£	
	£	

BCON/NINEDAY

CICS Account and case numbers: 01623514 01623514

6 Household details: please list all the people living in your household and provide details of their income.

Name	Date of birth	Did they move in or out? (Please state which)	Date of move	Their relationship to the claimant	Their income £

Your Daytime Telephone number

This will help us if we need to contact you to clarify a point that will enable us to deal with your claim more quickly.

Signed: _____

Date: _____

Mr S Cordell
109 Burncroft Avenue
Enfield
EN3 7JQ

Revenue Information

BTERM/1/SO
01623514 01623514

020 8379 3798
020 8379 5191
020 8379 4998
1 August 2007

Dear Mr Cordell

Housing and Council Tax Benefit

We sent you a letter on 12th June 2007 telling you we had suspended your benefit, and asking for information.

As you have not replied within the time limit, I have terminated your benefit under Regulation 14(1) of the Housing and Council Tax Benefit (Decisions and Appeals) Regulations 2001 from 24th April 2007.

If you want to claim benefit again, you must fill in the enclosed form and return it with the information requested.

We can consider paying benefit from the date your benefit was terminated. If you want us to do that, then when you return your application form you must also provide all the information we asked for in our original letter, and tell us why you did not provide it within the time limit. I enclose a copy of that letter.

Please return this letter with your application form and information.

Yours sincerely

Benefits Correspondence Team

Mr Cordell

Revenue Information

109 Burncroft Avenue
Enfield
EN3 7JQ

Callback/8/MK
01623514 01623514

020 8379 3798
020 8379 5191
020 8379 4998
5 September 2007

Dear Mr Cordell

Revenue Information Helpline callback service

Thank you for calling the Revenue Information Helpline on 28/08/07 and leaving a message for us to call you back.

Unfortunately we have been unable to return your call because we tried to call you, but our call wasn't answered. I have enclosed benefit application form for you to complete and return with proof of your current income- this must include proof of your Incapacity Benefit.

If you still have a query, please phone the Helpline again. For Benefit queries, please call 020 8379 3798, or for Council Tax queries please call 020 8379 1000. If you need to leave a message for us to call you, please include the phone number you want us to ring, and your account number if possible.

If you prefer, you may visit us at one of our Helpdesks:

Civic Centre
Silver Street
Enfield EN1

John Wilkes House
79 High Street
Enfield EN3

I am sorry that you have had difficulty in contacting us, and I hope that any future contact you may have with us will be more satisfactory.

Yours sincerely

Revenue Information



Enfield Floating Support Service
185 Angel Place, Fore Street, Edmonton, N18 2UD
Tel: 0208 803 1893 Fax: 0208 803 1867

To Whom It May Concern
Community, Housing & Adult Social Services
Enfield Council
P O Box No. 63
Civic Centre
Enfield
EN1 3BR

11th September, 2007

Dear Sir/Madam

Re: Simon Cordell – JH 653811D

My name is Shola Ibrahim and I am a Floating Support Worker with the above organisation. I have been supporting this gentleman for the last year.

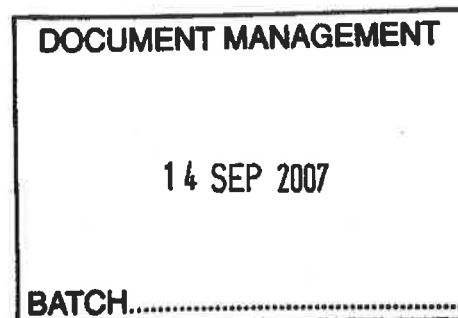
Attached is the form which you sent to the above person regarding his Housing Benefit. It has been completed and I forward it to you with the necessary proof you require.

Also attached is a copy of a consent letter signed by Mr Cordell

For further information please do not hesitate to call me – 020 8803 1893.

Yours sincerely

Shola Ibrahim
Floating Support Worker



TULIP MENTAL HEALTH GROUP 5 RIVER PARK ROAD, LONDON N22 7TB. TEL 020 8889 6921 FAX: 020 8365 7343

e-mail: administrator@tulip.org.uk website: www.tulip.org.uk

Registered in England & Wales as a Limited Company No: 2322355 . Registered Charity No: 80058



INVESTORS IN PEOPLE



DOCUMENT MANAGEMENT

14 SEP 2007

BATCH.....

Ref No:

Please fill in this form in black ink.

Note: You should continue to pay your Council Tax until your benefit is worked out.

Are you an:

Owner Occupier	<input type="checkbox"/>	Council Tenant	<input checked="" type="checkbox"/>
Private Tenant	<input type="checkbox"/>	Housing Association Tenant	<input type="checkbox"/>
Bed & Breakfast Tenant of Enfield Council	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please state

Are you or your partner:

You	Under 60 years old	<input checked="" type="checkbox"/>	Your partner	Under 60 years old	<input type="checkbox"/>
	Over 60 years old	<input type="checkbox"/>		Over 60 years old	<input type="checkbox"/>

Do you or your partner receive Income Support?

You	No	<input type="checkbox"/>	Your partner	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>		Yes	<input type="checkbox"/>

Do you or your partner receive Job Seekers Allowance (income-based)?

You	No	<input type="checkbox"/>	Your partner	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>

Customer Receipt - for Housing Benefit and Council Tax Benefit Application Form - FOR OFFICE USE ONLY



Documents Received

<input type="checkbox"/> Benefit Application Form	<input type="checkbox"/> Type of I.D.....	<input type="checkbox"/> Proof of N.I Number
<input type="checkbox"/> Benefit Renewal Form	<input type="checkbox"/> Type of residency	<input type="checkbox"/> Backdate request
<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> Proof of state benefit	<input type="checkbox"/> Other
<input type="checkbox"/> Wage slips - number	<input type="checkbox"/> Proof of capital / savings	

Ref No:

Name

Address

office stamp

Receiving Officer Signature

Revenue Information Benefits Helpline: 8.30 - 4.30pm - 020 8379 3798
 Revenue Information Helpdesks: 9.00 - 4.30pm - Civic Centre
 9.00 - 4.00pm - John Wilkes House

A claim form for Housing Benefit and Council Tax Benefit



If you are just claiming Second Adult Rebate*, only fill in Part 1, Part 3 and Part 19 of this form.

*See attached notes for explanation. Please fill in this form using black ink.

Part 1 About you and your partner

1. Do you have a partner who normally lives with you?
By partner we mean someone of the opposite sex/same sex you are married to or live with as if you were married.

No

Yes If you have a partner, you must answer all the questions about them, as well as those about yourself.

You

Your partner

2. Last name (Family Name)

CORDELL

3. Other names (first name(s))

SIMON

4. Any other first or last names you have used

/

5. Title (Mr, Mrs, Ms and so on)

Mr.

6. Address

Do not tell us your partner's address if it is the same as yours.

109 BURNCROFT AVE
ENFIELD
Postcode EN3 7JQ

Postcode

7. Date of birth

26 1 01 1981

1 1

8. National Insurance number

You can find this on payslips or letters from social security or the tax office. We cannot decide your claim if we do not have your National Insurance number.

Letters	Numbers	Letter
J H	6 5 3 8 1 1	D

If you do not have a National Insurance number, or cannot find it, tick this box.

Letters	Numbers	Letter

If your partner does not have a National Insurance number, or cannot find it, tick this box.

Part 1 About you and your partner – continued

You

Your partner

9. Your daytime phone number

You do not have to tell us this, but it may help us to deal with your claim more quickly. If any supporting proof is missing we will try to phone you, asking you to supply more information.

07983150368.

10. Have you or your partner claimed Housing Benefit or Council Tax Benefit before?

No
Yes When did you last claim?

No
Yes When did they last claim?

03 / 03 / 07

/ /

Which council did you claim from?

Which council did they claim from?

ENFIELD COUNCIL

What name did you claim in?

What name did they claim in?

SIMON CORDELL

What address did you claim for?

What address did they claim for?

109 BURMCROFT AVE
ENFIELD
Postcode EM3 7JQ

Postcode

11. Have you told the council that paid your benefit that you have moved?

No
Yes

No
Yes

12. If you have moved home in the last 12 months, tell us your last address.

4 CROMPTON PLACE
ENFIELD
Postcode EM3 6YS

Postcode

13. Were you the home owner, a private tenant, a council tenant or a boarder at this address?

COUNCIL TENANT

14. Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years?

No If no go to Q18
Yes We will write to you about this.

No If no go to Q18
Yes We will write to you about this.

15. What is your nationality?

16. If your nationality is not British, on what date did you last enter the UK?

The UK is England, Northern Ireland, Scotland and Wales.

/ /

/ /

17. Do you have leave to enter or remain in the UK under a sponsorship?

Yes

No



Part 1 About you and your partner – continued

You

Your partner

18. Are you or your partner in hospital at the moment?

No
Yes When did you go in?

____ / ____ / ____

When will you come out (if you know this)?

____ / ____ / ____

No
Yes When did they go in?

____ / ____ / ____

When will they come out (if they know this)?

____ / ____ / ____

19. Do you or your partner get Disability Living Allowance?

No
Yes How much?

Care: £ _____

Mobility: £ _____

No
Yes How much?

Care: £ _____

Mobility: £ _____

20. Do you or your partner get Attendance Allowance?

No
Yes

No
Yes

21. How much Attendance Allowance do you receive?

£ _____

£ _____

22. Does anyone get Carer's Allowance for looking after you or your partner?

No
Yes

No
Yes

23. Have you or your partner ever claimed Carer's Allowance?

No
Yes

No
Yes

Still tick 'Yes' if you were not paid any Carer's Allowance. This could have been because you were better off getting another social security benefit.

24. Do you or your partner pay towards the upkeep of a student?

No
Yes How much do you pay?

£ _____

How often?

Every _____

No
Yes How much do they pay?

£ _____

How often?

Every _____

25. Are you or your partner a student?

No
Yes Do you study full time or part time?
Full time Part time

How much of your income is taken into account when working out your grant?

£ _____ a year

No
Yes Do they study full time or part time?
Full time Part time

How much of their income is taken into account when working out their grant?

£ _____ a year

26. Do you or your partner have a vehicle from a Mobility scheme?

No
Yes

No
Yes

Part 1 About you and your partner – continued

27. Please tick if you or your partner are:

	You	Your partner
• an apprentice	<input type="checkbox"/>	<input type="checkbox"/>
• on youth training	<input type="checkbox"/>	<input type="checkbox"/>
• in legal custody	<input type="checkbox"/>	<input type="checkbox"/>
• severely mentally impaired	<input type="checkbox"/>	<input type="checkbox"/>
• registered blind	<input type="checkbox"/>	<input type="checkbox"/>
• long-term sick or disabled	<input checked="" type="checkbox"/>	<input type="checkbox"/>

We will contact you if we need any more information.

Part 2 About children

You may be able to get more benefit if there are children in your household and they are:

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16, 17 or 18 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

28. Are there any children in your household?

No Go to Part 3.

Yes Give details below

If you have more than three children please use the space provided on the next two pages

	First child	Second child	Third child
29. Last name (family name)	<input type="text"/>	<input type="text"/>	<input type="text"/>
30. Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
31. Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
32. What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
33. The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
34. The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
35. Usual address if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
36. Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
37. Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see proof of this.

38. Does the child have any savings?	No <input type="checkbox"/>	Yes <input type="checkbox"/> How much are their savings?	No <input type="checkbox"/>	Yes <input type="checkbox"/> How much are their savings?	No <input type="checkbox"/>	Yes <input type="checkbox"/> How much are their savings?
		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>
	We need to see proof of this.		We need to see proof of this.		We need to see proof of this.	

Part 2 About children – continued

	First child	Second child	Third child
39. Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
40. Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>
41. Do you pay any childminding costs for this child to a registered childminder, nursery or after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder. <input type="text"/> How much do you pay a week? £ <input type="text"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder. <input type="text"/> How much do you pay a week? £ <input type="text"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder. <input type="text"/> How much do you pay a week? £ <input type="text"/> We need to see proof of this.
42. Last name (family name)	<input type="text"/>	<input type="text"/>	<input type="text"/>
43. Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
44. Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
45. What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
46. The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
47. The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
48. Usual address if different from yours	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
49. Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
50. Who gets the Child Benefit for them? We need to see proof of this.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 About children – continued

	Fourth child	Fifth child	Sixth child
51. Does the child have any savings?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much are their savings? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much are their savings? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much are their savings? £ <input type="text"/>
	We need to see proof of this.	We need to see proof of this.	We need to see proof of this.
52. Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
53. Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>
54. Do you pay any childminding costs for this child to a registered childminder, nursery or after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder. <input type="text"/> How much do you pay a week? £ <input type="text"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder. <input type="text"/> How much do you pay a week? £ <input type="text"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder. <input type="text"/> How much do you pay a week? £ <input type="text"/> We need to see proof of this.

Part 3 About other people who live with you

Now tell us about all the people who usually live with you and your partner. Do not tell us about people who just share your hall, bathroom or toilet. If you need to tell us about more than three people, use a separate sheet of paper.

55. Do any adults usually live with you and your partner? By adults we mean people over 16 who nobody gets Child Benefit for.

No Go to Part 4.
Yes Give details below.

If you are sending a separate sheet of paper, tick this box.

Part 3 About other people who live with you – continued

	First person	Second person	Third person
56. Last name (family name)	<input type="text"/>	<input type="text"/>	<input type="text"/>
57. Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
58. Date of birth	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
59. Their relationship to you or your partner Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, friend, Please also state if they are joint tenant, joint owner, subtenant or boarder. - see Notes for further explanation of these terms	<input type="text"/>	<input type="text"/>	<input type="text"/>
60. Do they get Income Support or income-based Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
61. Do they get Disability Living Allowance or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week
62. Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
63. Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>
64. Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week
65. Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
66. Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value=" / /"/>
67. Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text" value=" / /"/>

Part 3 About other people who live with you – continued

First person

Second person

Third person

When will they come out (if you know this)?

 / /

When will they come out (if you know this)?

 / /

When will they come out (if you know this)?

 / /

68. Do they normally work for 16 hours or more a week?

No
 Yes Tell us their earnings before any deductions.

No
 Yes Tell us their earnings before any deductions.

No
 Yes Tell us their earnings before any deductions.

£

£

£

We need to see proof of their earnings.

We need to see proof of their earnings.

We need to see proof of their earnings.

69. Do they have any other income at all?

This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.

No
 Yes Name of first other income

No
 Yes Name of first other income

No
 Yes Name of first other income

How much is it before deductions?

How much is it before deductions?

How much is it before deductions?

£ a week

£ a week

£ a week

Name of second other income

Name of second other income

Name of second other income

How much is it before deductions?

How much is it before deductions?

How much is it before deductions?

£ a week

£ a week

£ a week

Name of third other income

Name of third other income

Name of third other income

How much is it before deductions?

How much is it before deductions?

How much is it before deductions?

£ a week

£ a week

£ a week

We need to see proof of other incomes.

We need to see proof of other incomes.

We need to see proof of other incomes.

70. Are any of the people who normally live with you married to each other or living together as if they were married (same sex/opposite sex)?

No
 Yes Tell us their names.

And

is the partner of

is the partner of

Part 4 About rent

71. Do you pay rent for your home?

Tick 'Yes' if you would pay rent but you already get Housing Benefit.

No Go to Part 6.
Yes

72. When did you start renting your home?

73. When did you move to this address?

If you have not moved in yet, tell us when you expect to move in, then tell us when you have actually moved in.

74. Do you pay rent to the council?

No
Yes Go to Part 6.

75. What is your landlord's name and business address?
By landlord we mean the person or organisation who owns the property you live in.

Postcode

76. If your landlord has an agent, tell us their full name and address.

By agent we mean the person or organisation you actually pay your rent to.

Postcode

77. Are you, your partner, or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner?

Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

No
Yes What is the relationship?

is my landlord's or agent's

78. What sort of tenancy do you have?

For example, shorthold, assured tied rent or something like this.

- see Notes for further guidance on this

79. How long is the tenancy for?

to

Part 4 About rent – continued

80. Please tick to show if the property is let as:

furnished

partly furnished

mostly unfurnished

completely unfurnished

81. How much is the full rent for your home?

£ every

(For example, every week/fortnight/4 weeks/month.)

82. Does anyone else share the rent with you and your partner?

No

Yes Tell us their names and their relationship to you and your partner.

How much of the rent do you pay?

£ every

(For example, every week/fortnight/4 weeks/month.)

83. Has your rent changed in the last 12 months?

No

Yes Send us proof of the date it changed, and how much it changed.

84. When is the next rent increase due?

/ /

85. Has your rent been registered as a fair rent by a rent officer?

No

Yes Please send us the notice of registration (RO5).

86. Do you have any weeks when you do not have to pay rent?

No

Yes How many in a year?

87. Are you behind with your rent?

No

Yes By how many weeks?

88. Who receives the Council Tax bill for your home?

You or your partner

Your landlord

Someone else Tell us who receives the Council Tax bill.

Part 4 About rent – continued

89. Does your rent include money for the following?

Meals

No

Yes How much?

£ every

Which meals are included?

Water authority charges

No

Yes How much?

£ every

Heating

No

Yes How much?

£ every

Lighting

No

Yes How much?

£ every

Hot water

No

Yes How much?

£ every

Fuel for cooking

No

Yes How much?

£ every

Laundry

No

Yes How much?

£ every

Cleaning rooms or windows

No

Yes How much?

£ every

Gardening

No

Yes How much?

£ every

Parking Space

No

Yes How much?

£ every

Garage

No

Yes How much?

£ every

Do you have to rent the garage as part of your tenancy agreement?

No

Yes

Personal care and support

No

Yes How much?

£ every

90. Do you pay any service charges separate from your rent?

No

Yes How much?

£ every

For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance.

What for?

We must see proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.

Part 4 About rent – continued

Living away from home

91. Are you living away from home at the moment?

No

Yes Tell us why you are not living at home.

When did you last live at home?

/ /

When do you expect to go back home?

/ /

Tell us where you are living at the moment.

Postcode

If your home has been sublet, tell us who lives there now.

Support charges declaration - only complete if you are liable to pay support charges

I confirm that I am liable to pay support charges as well as my rent and understand that I may receive help with these charges.

I understand that the amount I am required to pay can vary and may be reduced if I receive housing benefit or a fairer charging assessment.

I authorise the Council's Housing Benefits Office to work with the Supporting People Team and the Fairer Charging Section and to exchange information about me in order to work out whether I can receive additional help with my support charges.

I confirm that I have been informed that from 1 April 2003 any help towards my support charges will be paid direct to my landlord or support provider, and that I agree to the Supporting People Team liaising with my landlord or support provider in relation to these payments.

I understand that I may withdraw my consent to this arrangement at any time by notifying the Supporting People Team in writing of my decision. I further understand that if I decide to take this course of action then I will become responsible for notifying the Housing Benefit Office, the Fairer Charging Section and the Supporting People Team separately in writing of any change in my circumstances.

Signature of Claimant

Date

only complete if you are liable to pay support charges

Part 5 About where you live

92. What sort of building do you live in? Tick one box only.

- | | | | | | |
|---------------------|--------------------------|------------------|--------------------------|-----------------------------------|--------------------------|
| Detached house | <input type="checkbox"/> | Flat in a house | <input type="checkbox"/> | Caravan, mobile home or houseboat | <input type="checkbox"/> |
| Semi-detached house | <input type="checkbox"/> | Flat in a block | <input type="checkbox"/> | Board and lodgings | <input type="checkbox"/> |
| Terraced house | <input type="checkbox"/> | Flat over a shop | <input type="checkbox"/> | Hotel | <input type="checkbox"/> |
| Maisonette | <input type="checkbox"/> | Bedsit or rooms | <input type="checkbox"/> | Residential nursing home | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | Residential care home | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

93. Do you and your household occupy only part of the building you have ticked?

- No
Yes

Where in the building do you live?

- At the front In the middle At the back

94. Which floors do you live on?

95. Does your home have central heating?

- No
Yes

96. Does your home have a garden?

- No
Yes

97. Has your home been built or adapted for people with disabilities?

- No
Yes

98. How many rooms are there in the building?

In the whole building?

Just for you and your household?

That you share with other people?

Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

99. Do you use your home for business?

- No
Yes

Part 5 About where you live - continued

100. Do you have a main home somewhere else?
If your main home is somewhere else in the UK or abroad, tick 'Yes', even if you do not pay rent for it.

No
Yes What is the address?

Postcode

How much do you pay for this home?

£

Part 6 About Income Support, income-based Jobseeker's Allowance and Guarantee Credit

101. Are you or your partner getting or waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance or Pension credits (Including Guaranteed Credit or Savings Credit)?

No Go to Part 7.
Yes Answer both the questions in this part.

102. Are you or your partner already getting Income Support, income-based Jobseeker's Allowance or Pension Credits at the moment?

You

No
Yes When did you start getting it?

Your partner

No
Yes When did they start getting it?

103. Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance or Pension Credits?

No
Yes When did you claim?

No
Yes When did they claim?

Note: Minimum Income Guarantee has been replaced by Guarantee Credit. This is part of the new Pension Credits introduced in October 2003.

Part 7 About being self-employed

104. Are you or your partner self-employed?

No Go to Part 8.
 Yes Answer the questions on this page.

You

Your partner

105. What kind of work do you do?

106. When did the business start?

 / /
 / /

107. What is the business address?

 Postcode

 Postcode

108. Are there any other partners in the business?

No
 Yes Tell us their name and address.

No
 Yes Tell us their name and address.

 Postcode

 Postcode

What is the percentage of their share of the business? %
 eg. half = 50%

What is the percentage of their share of the business? %
 eg. half = 50%

109. How many hours a week do you usually work?

110. Do you get a Business Start-up Allowance?

No
 Yes How much?

No
 Yes How much?

 £

 £

How often?

How often?

 Every

 Every

111. Do you pay into a private pension scheme?

No
 Yes How much?

No
 Yes How much?

 £

 £

How often?

How often?

 Every

 Every

We must see proof of your earnings before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.

Part 8 About working for an employer

112. Do you or your partner work for an employer?

No Go to Part 9.

Yes Answer the questions on this page. If you work for more than one employer, tell us about all the other employers in part 9.

You

Your partner

113. What kind of work do you do?

114. What is your employer's name and address?

115. When did you start this job?

 / /
 / /

116. Is this your own company?

No
 Yes

No
 Yes

117. What is your payroll, employee or staff number?

118. Are you employed for a limited period?

No
 Yes When will you finish?

No
 Yes When will they finish?

 / /
 / /

119. How often do you get paid?

120. How much do you get paid before tax and National Insurance are taken off?

 £

 £

121. How are you paid? For example, in cash, by cheque or straight into a bank or building society account.

122. When was your last pay rise?

 / /
 / /

123. When will your next pay rise be?

 / /
 / /

124. How many hours a week do you usually work?

125. Give details of any regular overtime, bonuses or commission.

126. Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?

No
 Yes

No
 Yes

Part 8 About working for an employer – continued

127. Are you getting any other sick pay or maternity pay from your employer at the moment?

You
 No
 Yes

Your partner
 No
 Yes

128. Do you pay into a private or company pension scheme?

No
 Yes How much?

No
 Yes How much?

£

£

How often?

How often?

Every

Every

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof. If you get tips or bonuses, tell us about these in Part 16.

Part 9 About any other work

129. Do you or your partner do any other work at all? This could be voluntary work or any other work, even if it is not paid work.

No Go to Part 10.
 Yes Answer the questions on this page.

You

Your partner

130. What other work do you do?

131. What is the name and address of the person you do this work for?

Postcode

Postcode

132. When did you start this work?

 / /
 / /

133. How many hours a week do you usually work?

134. Do you get paid? If you only get expenses or tips, still tick 'Yes' and give details.

No
 Yes How much do you get before any deductions?

No
 Yes How much do they get before any deductions?

£

£

How often?

How often?

Every

Every

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.

Part 10 About benefits and pensions

135. Are you or your partner or any children you are claiming for getting any benefits or waiting to hear about benefits you have claimed?

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Adoption Pay
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Children's Tax Credit
- Contribution - Based Job Seekers Allowance
- Disabled Person's Tax Credit
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Invalid Care Allowance

- Maternity Allowance
- NASS Payments
- Pension Credit (including savings credit)
- Retirement Pension
- Severe Disablement Allowance
- Social Service Subsistence Allowance
- Statutory Paternity Pay
- Statutory Sick Pay or Statutory Maternity Pay
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's or Widower's Benefits
- Working Tax Credit
- Any other Benefit

No Go to Part 11.

Yes Tell us about the benefits below. Tell us the full rate of the benefits before any deductions.

If you are getting or have claimed any benefit that is not listed or there is insufficient space below, tell us about it on a separate sheet of paper and send it with the form.

If you are sending a separate sheet of paper, tick this box.

136. The name of the benefit your child is claiming

Child's name

Waiting to hear

Getting now

How much?

How much?

£

£

How often?

How often?

Every

Every

You

Your partner

137. The name of the benefit or pension

Waiting to hear

Getting now

How much?

How much?

£

£

How often?

How often?

Every

Every

138. The name of the benefit or pension

Waiting to hear

Getting now

How much?

How much?

£

£

How often?

How often?

Every

Every

Part 10 About benefits and pensions – continued

	You	Your partner
139. The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	£ <input type="text"/>	£ <input type="text"/>
	How often?	How often?
	Every <input type="text"/>	Every <input type="text"/>
140. If you have no income from work or benefits, please state what you are living on, such as savings etc.	<input type="text"/>	<input type="text"/>

Part 11 About other money coming in

141. Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

- No Go to Part 12.
 Yes Answer the questions on this page.

This includes occupational pensions; maintenance or child support for you, your partner or any of the children you have told us about on this form; money from a trust fund; training allowances; a student grant or loan; any income from an equity release scheme; and any cash payments. Also tell us about any money you get from people living in your house as boarders or subtenants. Tell us about proceeds from the sale of a house, money received from charity or any other income. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

Other money 1

142. What is the money for?	<input type="text"/>
143. Who gets it?	<input type="text"/>
144. How much do they get?	£ <input type="text"/>
145. How often?	Every <input type="text"/>
146. When did they start getting this income?	<input type="text"/> / <input type="text"/> / <input type="text"/>
147. When is the income likely to go up?	<input type="text"/> / <input type="text"/> / <input type="text"/>

Other money 2

148. What is the money for?	<input type="text"/>
149. Who gets it?	<input type="text"/>
150. How much do they get?	£ <input type="text"/>
151. How often?	Every <input type="text"/>
152. When did they start getting this income?	<input type="text"/> / <input type="text"/> / <input type="text"/>
153. When is the income likely to go up?	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part 11 About other money coming in – continued

Other money 3

154. What is the money for?

155. Who gets it?

156. How much do they get?

157. How often?

158. When did they start getting this income?

159. When is the income likely to go up?

160. Does anyone owe money to you, your partner, or any children you are claiming for?

No

Yes What for?

How much?

161. Are you expecting to get any money in the next 12 months?

No

Yes What for?

For example, a redundancy payment or a payment instead of notice or holiday.

How much?

We must see proof of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.

Part 12 About capital, savings and investments

162. Do you, your partner, or any children you are claiming for have any capital, savings or investments in the UK or abroad?

No

Yes We must see proof of all the capital, savings and investments. Read the checklist at Part 17 to see what you can use as proof, and see page 4 of notes for further information.

This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates, and stocks and shares.

Part 12 About capital, savings and investments – continued

163. Do you, your partner, or any children you are claiming for have any bank accounts?

No
Yes

Tell us about all your bank accounts, even empty or overdrawn ones or joint accounts. If there are more than two bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

164. Do you, your partner, or any children you are claiming for have any building society accounts?

No
Yes

Tell us about building society accounts, even if you do not use them regularly. If you have more than 2 building society accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Part 12 About capital, savings and investments – continued

165. Do you, your partner, or any children you are claiming for have any post office accounts?

This includes savings accounts and Girobank accounts.

No

Yes Tell us about post office accounts. If you have more than two post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Type of account

POST OFFICE ACCOUNT

Whose name is the account in?

MR SIMON CORDELL

Account number

61455834

How much is in the account?

£16.00

Type of account

Whose name is the account in?

Account number

How much is in the account?

£

166. Do you, your partner, or any children you are claiming for have any premium bonds?

No

Yes Value

£

167. Do you, your partner, or any children you are claiming for have any National Savings Certificates?

No

Yes Issue number

Issue number

Value

£

Value

£

How many?

How many?

168. Do you, your partner, or any children you are claiming for have any stocks, shares, bonds or unit trusts?

No

Yes Company name

Company name

How many?

How many?

169. Do you, your partner, or any children you are claiming for have any other capital, savings or investments?

For example, cash, TESSAs, ISAs, TOISAs, compensation, or any other money you have not told us about on this form.

No

Yes Tell us about this.

Part 12 About capital, savings and investments – continued

170. Do you, your partner, or any children you are claiming for own or partly own any property, land or timeshare, other than the home you live in, either in the UK or abroad?
Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare.

No
Yes What is the address?

Postcode

171. How much is it worth?

£

172. If you have a mortgage or loan for this, how much is left to repay?

£

173. Have you or your partner received a Far Eastern Prisoner of War payment or a compensation payment to victims of atrocities that happened during the Second World War?

No
Yes

We need to know this to make sure we do not count it as part of your savings

174. Have you, your partner or any children you are claiming for received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust?

No
Yes

Part 13 How you want to be paid

If you are a council tenant your housing benefit will be paid to your rent account. Go to Part 15

If you are a Housing Association tenant an agreement will be made with them regarding payment of benefit. Go to Part 15.

If you are claiming council tax benefit it will be credited to your council tax account.

If you are a private tenant we can send your Housing Benefit cheque to you or straight to your landlord or agent.

175. How do you want us to pay your Housing Benefit?

I want to be paid by cheque.

Go to Part 15.

NB. We can only pay you this way if you have a bank account (see page 5 of notes).

I want my benefit to go straight to my landlord

Go to Part 14.

I want my benefit to go straight to the landlords agent.

Go to Part 14.

Part 14 Paying benefit to your landlord or agent

If you want us to pay your benefit straight to your landlord or agent you must sign this declaration.

Please pay my Housing Benefit straight to my landlord or agent. I understand that:

- I must always tell you about any change in my circumstances;
- if I do not tell you about any change of circumstances and you pay me too much benefit because of this, I will have to pay back the extra benefit; and
- I may be prosecuted if I do not tell you about any change of circumstances.

Signature

M. Roberts

Date

11 / 09 / 07

Now ask your landlord or agent to sign this agreement.

Landlord's name
or agent

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

- I must tell you straight away if I find out about any change in the tenant's circumstances;
- you can stop paying benefit to me if I do not tell you about any change of circumstances;
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to; and
- if you pay me too much Housing Benefit for any tenant, I must repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants.

Signature

Date

/ /

Part 15 Sharing information with your landlord or agent

Sometimes, sharing information with your landlord helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed. We can only share information with your landlord or agent if you give permission.

Under the Data Protection Act we need your permission to share information. If you give us permission, we would be able to tell your landlord or agent:

- whether or not you had claimed or renewed your claim for Housing Benefit and, if so, whether we have made a decision on your claim or not; and
- if we need further information to make a decision on your claim, and if so what information this is.

There may be other information about your claim that we need to check with your landlord or agent, such as the date your tenancy started, before we can make a decision on your claim. If this is the case, we have to ask your landlord or agent even if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord or agent.

We will not give your landlord or agent any information about:

- your personal or household circumstances; or
- your financial circumstances.

If you do not give us permission to discuss your claim with your landlord or agent, it will not affect your claim. And if you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know. If you want to give us permission to discuss your claim with your landlord or agent, please sign below.

I give Enfield Council permission to share information about the progress of my Housing Benefit claim with my landlord or their agent.

Signature

Date

/ /

Address

Postcode

Part 16 Anything else you need to tell us

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

If you are sending separate sheets of paper with this form, tell us how many.

Part 17 Checklist

Please tick to tell us what proof you are sending with this form. We must see original documents, not copies. Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straightaway. If you cannot get into the office, phone us for more advice.

If you do not provide all the proof we need, we might not be able to pay you any benefit. We need the same proof for your partner, if you have one, and for any other adults living in your home.

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. We can start to process your claim, but we will not be able to pay you any benefit until we have all the proof. Please see accompanying notes for minimum amount of proof required to process your claim.

Proof of identity - claimant and partner only - (one proof should include Date of Birth)

Such as a birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or recent paid gas or electricity bill. We may need to see several of these documents for each person (minimum of 2 per person).

Proof of National Insurance number

Such as a National Insurance number card, payslips or letters from social security or the tax office.

Proof of capital, savings and investments

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments and savings. We need to see this proof for children in your household as well. The proof you send must show details for at least the last 2 months.

Proof of earnings - we also need this for any other adult living in your home

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. We will contact your employer if you do not have these payslips. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than 6 months, a summary of your trading records so far.

Proof of other income - we also need this for any other adult living in your home

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see proof of any money people pay you for board and lodgings.

Proof of benefits, allowances or pensions - we also need this for any other adult living in your home

Such as current award notices or letters from social security confirming how much you get. If you do not have proof, let us know straight away. Please do not send order books through the post.

Proof of private rent and tenancy

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord. If owner occupier last two paid domestic bills or proof of mortgage payment.

Proof of other money paid out

Such as letters about student grants or maintenance, agreements or receipts from registered child carers.

Part 18 Backdating

We can usually award benefit from the Monday after the day we receive your claim. If you want us to consider paying your benefit from an earlier date, tell us the date that you want benefit from and why you feel you had good reason for not claiming earlier.

Date you want to claim benefit from

01 / 08 / 07

Part 19 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form should allow us to process your claim more quickly, but they do not have to sign.

Please read this declaration carefully before you sign and date it.

- I declare that the information 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 agree that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the law.
- I understand that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and companies such as banks and organisations that may lend me money, if the law allows this.
- I know that I must let you know in writing straight away about any change in my circumstances which might affect my claim.

Signature of person claiming

[Handwritten Signature]

Date

11 / 09 / 2007

Partner's signature

Date

/ /

If this form has been filled in by someone other than the person claiming
Please tell us why you are filling in this form for the person claiming.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form (IN CAPITALS)

Signature of the person

Relationship to the person claiming

Date

/ /

Tenancy agreement

When signed, this document becomes a legal agreement between you, the tenant(s) and the London Borough of Enfield. You should not sign this agreement unless you agree to keep all the conditions written in it. You must ensure that you have read it properly and have asked for further explanation where necessary so that you do fully understand it.

This tenancy agreement is between the London Borough of Enfield and the tenants detailed below:

tenant	date of birth	family	date of birth
Thomas Corbett	26/1/21		

The London Borough of Enfield lets the property detailed below:

address **109, QUEENBORO AVENUE**
WALTON
ENFIELD

net rent	£ 62.04	caretaking	£ 2.47	concierge	£
water rates	£ 3.96	grounds maintenance	£ 0.66	other	£
heating charge	£	cctv	£	TOTAL RENT £ 69.13	

This is a month / secure tenancy with effect from Monday 14th (date) Dec (month) 21 (year)

This tenancy will automatically become a secure tenancy or a statutory tenancy for possession.

If you have given false information to enable you to get this tenancy, we will not be bound to renew your tenancy.

If you do not keep the conditions of your tenancy, we can take action to force you to meet the conditions or we can ask the court to evict you.

If you do not have adequate time to read, understand and ask questions on this information, we will give you details of where / we could get this information for you.

signed <i>[Signature]</i>	tenant	<i>[Signature]</i>	date
signed	tenant		date
signed	tenant		date
signed <i>[Signature]</i>	on behalf of the London Borough of Enfield		date

DR4 0505

Office stamp

DWP Jobcentre Plus
PO Box 37085
London
E15 1WX
Section:
Tel: 020 8532 3000
Ext

MR. S. CORNELL
109 Burncroft Ave
Enfield
Middlesex EN3 7JQ

Mr S. Cornell

Mr S. Cornell

Mr S. Cornell

TO

Date. 11/09/07

The Department of Social Security

The Benefits Agency

Housing Department

Housing Benefits Section

Dear Sir/Madam,

N.I. no JH 653811D

This letter is to inform you that Tulip Floating Support Service – Enfield is currently advocating on my behalf, with respect to welfare benefits/housing benefits.

I ***Simon Cordell*** am therefore giving my consent for you to discuss any claim I might make with employees of Tulip over the telephone or in writing, and to release to Tulip, information pertaining to any claim at their request.

Yours faithfully

Clients Signature. *Simon Cordell*

Print name SIMON PAUL CORDELL

DEPARTMENT OF WORK AND PENSIONS

ADDRESS: 9 Elms Lane
London

SW95 9AB

IF YOU GET IN TOUCH WITH
US TELL US THIS REF NO
09162/JH653811D
TEL: 0845 6000148
DATE: 24/06/2008

LA NAME: Enfield
1

COUNCIL TAX
END OF ENTITLEMENT

IS DETAILS

CUSTOMER DETAILS:- MR

SIMON

PAUL

CORDELL

START DATE:

DOB: 26/01/1981

PARTNER DETAILS:-

NINO:

DOB:

START DATE:

END DATE:

ADDRESS

PREVIOUS ADDRESS

109 BURNCROFT AVENUE
ENFIELD
MIDDLESEX

EN3 7JQ

START DATE: 28/04/2007

START DATE:

DATE OF IS CLAIM 19/04/2007

DATE OF IS ENT 27/03/2007

NON-DEPS

There are no non-dep details held

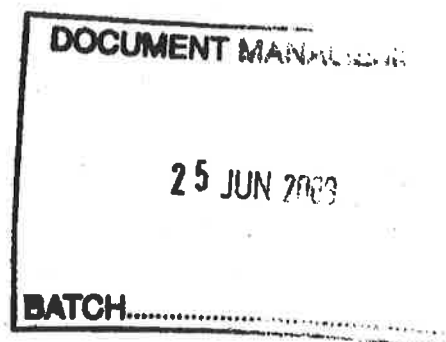
DATE OF IS TERMINATION: 05/06/2008

DATE IS PAID TO:

DATE NOTIFICATION ISSUED: 24/06/2008

REASON: The claimant is in legal custody

:BREAK:



Revenue Information

Mr Cordell
109 Burncroft Avenue
Enfield
EN3 7JQ

CICDWP/7/JM
01623514 01623514

020 8379 3798
020 8379 5191
020 8379 4998
1 July 2008

BCON / NINEDAY

Dear Mr Cordell

Housing and Council Tax Benefit

The Department for Work and Pensions has told me that your Jobseekers Allowance or Income Support ended on 05/6/2008. As you have not told me of this change, I have suspended your benefit.

If you are on a low income, you may still be entitled to some benefit. Please use the enclosed form to give details of all the income you and your partner have received since 05/6/2008. Please ensure that all questions are answered. **We cannot pay you any more benefit until this is received.** .

If your circumstances change, you must tell us in writing immediately. If the change means you get more benefit, you must tell us about it within one month. If you do not, the increase will only start from the date you tell us of the change. If the change means you get less benefit, it will start from the date of the change. If we pay you too much benefit because you did not tell us about a change, or told us afterwards, you must pay the money back.

You do have up to a month to supply the information, but the longer you leave it, the longer it will be before you receive any more benefit. **If you do not respond within a month your benefit will be cancelled from 05/06/2008. If you have been paid benefit after that date, you will have to repay it.**

Yours sincerely

Intervention Team

BCON/NINEDAY

CICS Account and case numbers: 01623514 01623514

Please write in black ink.

1: Details of income from 05/06/2008

Are you working?	Yes	No
If Yes, how much are you paid each week?	£	
Is your partner working?	Yes	No
If Yes, how much is your partner paid?	£	
How many hours do you work? You Your partner		
You must enclose your last 5 weeks / two months consecutive payslips. If you have just started work and cannot provide any or not enough of them, please also provide your employment contract or a letter from your employer showing your pay details. We may need to contact your employer if we require further information.		
Can we contact your employer?	Yes	No
If YES, please give their name, address and telephone number so we can contact them direct. If you do not give us permission this may delay your assessment.		

BCON/NINEDAY

CICS Account and case numbers: 01623514 01623514

2.

Did / do you or your partner receive any other income or benefits, such as state retirement pension, tax credits or incapacity benefit?	Yes	No
If Yes, please list them below and provide proof		
	£	
	£	
	£	
Have you applied for Working Tax Credit?	Yes	No
If Yes, when did you apply		

3

Have you/your partner reapplied for		
Income Support	YES	NO
Job Seekers Allowance	YES	NO
If YES, when did you reapply		
If you have reapplied for benefit, it may not be continuous from the date that your previous entitlement ended. Therefore we will not be able to pay you more benefit unless we have proof of your income during these periods.		

BCON/NINEDAY

CICS Account and case numbers: 01623514 01623514

4

If you have answered **NO** to questions 1 & 2, please provide details of how you pay your day to day living needs i.e. food, clothing, heating etc... If you are supported by friends/family we will need to see evidence of this.

5

Did / do you and your partner have any bank or building society accounts, savings or investment during this period?	Yes	No
If Yes, please list them below and provide proof of the amounts held for the above period. Please provide the last two full months statements for every bank or building society for you and your partner including the one that your Income Support or Job Seekers Allowance was paid in to.		
	£	
	£	
	£	

BCON/NINEDAY

CICS Account and case numbers: 01623514 01623514

6 Household details: please list all the people living in your household and provide details of their income.

Name	Date of birth	Did they move in or out? (Please state which)	Date of move	Their relationship to the claimant	Their income £

Your Daytime Telephone number

This will help us if we need to contact you to clarify a point that will enable us to deal with your claim more quickly.

Signed: _____

Date: _____

EFS GI 0045 Fax Header



Enfield Floating Support Service
Enfield Floating Support
185 Angel Place, Fore Street, Edmonton, London, N18 2UD
Tel: (020) 8803 1893 / Fax: (020) 8803 1867

FAX MESSAGE

To: <i>Mina Dao Team</i>	From: <i>SLSA</i>
Fax: <i>020 8379 5191</i>	Pages: <i>6</i>
Phone:	Date: <i>08/09/08</i>
Re: <i>Acc N: 01623514.</i>	CC:

Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

Please confirm Receipt



Reviewed July 2007

Planned review July 2008



Enfield Floating Support Service
185 Angel Place, Fore Street, Edmonton, N18 2UD
Tel: 0208 803 1883 Fax: 0208 803 1887

**BCONN/NINE DAY
Housing and Council Tax Benefit**

Tuesday 8th July 2008

Dear Sir/Madam

**Re: Mr Simon Paul Cordell
NiNo: JH 85 38 11 D**

I am the allocated Support Worker to the above; I have attached a copy of a signed letter of consent allowing you to discuss with me Mr Cordell benefit details.

During the period from 05/08/2008 to 30/08/2008 Mr Cordell had been in temporary accommodation due to repairs taking place in his flat.

From 01/07/08 was in prison. He was due to be released on the 16/07/08 but due to good behaviour he was released early 03/07/08, as per attached documentation.

I can confirm that Mr Cordell has not at any time been working. His mother and friends have been helping and supporting him during this time.

For any further information please do not hesitate to contact me.

Yours sincerely

**Shola Ibrahim
Floating Support Worker**

TULIP MENTAL HEALTH GROUP 6 RIVER PARK ROAD, LONDON N22 7TB. TEL 020 8889 6921 FAX: 020 8365 7343

e-mail: administrator@tulip.org.uk website: www.tulip.org.uk

Registered in England & Wales as a Limited Company No: 2322385 . Registered Charity No: 800558



FOUNDED IN 1983

BCO/WINEDAY
CICS Account and case numbers: 01623514 01623514

Please write in black ink.

1: Details of income from 05/06/2008

Are you working?	Yes	<input checked="" type="radio"/> No
If Yes, how much are you paid each week?	£	
Is your partner working?	Yes	<input checked="" type="radio"/> No
If Yes, how much is your partner paid?	£	
How many hours do you work?		
You		
Your partner		
You must enclose your last 5 weeks / two months consecutive payslips. If you have just started work and cannot provide any or not enough of them, please also provide your employment contract or a letter from your employer showing your pay details. We may need to contact your employer if we require further information.		
Can we contact your employer?	Yes	No
If YES, please give their name, address and telephone number so we can contact them direct. If you do not give us permission this may delay your assessment.		

BCON/NINEDAY
 CICS Account and case numbers: 01623514 01623514

2.

Did you or your partner receive any other income or benefits, such as state retirement pension, tax credits or incapacity benefit?	Yes	<input checked="" type="radio"/> No
If Yes, please list them below and provide proof		
Income Support	£	86.35 weeks
	£	
	£	
Have you applied for Working Tax Credit?	Yes	<input checked="" type="radio"/> No
If Yes, when did you apply		

3

Have you/your partner reapplied for		
Income Support	YES	<input checked="" type="radio"/> NO
Job Seekers Allowance	YES	<input checked="" type="radio"/> NO
If YES when did you reapply		
If you have reapplied for benefit, it may not be continuous from the date that your previous entitlement ended. Therefore we will not be able to pay you more benefit unless we have proof of your income during these periods.		

BCOM/NINEDAY
CICS Account and case numbers: 01623514 01623514

4

If you have answered **NO** to questions 1 & 2, please provide details of how you pay your day to day living needs i.e. food, clothing, heating etc...
 If you are supported by friends/family we will need to see evidence of this.

I was incarcerated in prison, and have recently been released. Please see attached documents.

5

Did / do you and your partner have any bank or building society accounts, savings or investment during this period?	Yes	<input checked="" type="radio"/> No
If Yes, please list them below and provide proof of the amounts held for the above period. Please provide the last two full months statements for every bank or building society for you and your partner including the one that your Income Support or Job Seekers Allowance was paid in to.		
		£
		£
		£

BCON/NINEDAY

CICS Account and case numbers: 01623514 01623514

6 Household details: please list all the people living in your household and provide details of their income.

Name	Date of birth	Did they move in or out? (Please state which)	Date of move	Their relationship to the claimant	Their income £

Your Daytime Telephone number

07508561361

This will help us if we need to contact you to clarify a point that will enable us to deal with your claim more quickly.

Signed: *[Signature]*

Date: 08/07/08



000213 1 of 1G0080 NMA 38098 47860 126412011 2901

MR S P CORDELL
109 BURNCROFT AVENUE
ENFIELD
EN3 7JQ

Name: MR SIMON PAUL CORDELL
Branch: The Enfield Group
Sort Code: 20-29-81
Number: 10895261
www.barclays.co.uk

IBAN: GB28 BARC 2029 8110 8952 61
SWIFTBIC: BARCG822
02 July 2008

The Barclays Bank Account

Current account statement
3 Jun to 2 Jul 2008

Your account summary

At a glance

Start balance	£ 0.22
Money In	£ 345.40
Money out	£ 340.00
End balance	£ 5.62

Your transactions

Date	Description	Details	Money out	Money in	Balance
3 Jun	Start balance				0.22
9 Jun	Received from 1653811D Dwp Is	Bank Giro Credit		172.70	172.92
13 Jun	Withdrawal at Barclays, Ponders End 1 Timed at 18.54 on 12 Jun	Cash Machine	110.00		62.92
16 Jun	Withdrawal at Halifax PLC, ATM - Fore Street Timed at 10:01 on 16 Jun	Cash Machine	40.00		22.92
20 Jun	Withdrawal at Barclays, Ponders End 2 Timed at 09:31 on 20 Jun	Cash Machine	20.00		2.92
23 Jun	Withdrawal at Tesco Personal Finance, Tesco Sea Valley Timed at 16:48 on 22 Jun	Cash Machine	170.00		
	Received from 1653811D Dwp Is	Bank Giro Credit		172.70	5.62
2 Jul	End balance				5.62

Account details

Correspondence: BARCLAYS
Leicester LE87 2BB

Tel: 0845-7-555-555 Statement page 17

DWP Department for Work and Pensions

DWP HELPDESK
PO Box 4194
Cardiff
CF14 8BB
Phone 02920-381111

S CORDELL
109 BURNCROFT AVENUE
ENFIELD
ESSEX
EN3 7JG

Remittance Advice

Date 07-Jul-2008

Details of the payment made by the attached Cheque are shown below.
If you have any queries regarding the items shown please contact the
HELPDESK at the above address and telephone number.
Your reference number is 563256554. Please tell us this number if you get
in touch with us.
YOUR PAYEE REFERENCE NUMBER IS 2323700

Your Reference description	Date	Amount
F6739MOJ1 ND OF CUSTODY LICENCE	07/07/08	47.12

Her Majesty's Prison Service

Form End of Custody Licence (ECL) 6

Establishment: HMP WOODHILL

Tel No: 01908 722000

Licence for adult prisoners serving less than 12 months

Prison Number: WF6739

Surname: CORDELL

Forenames: SIMON PAUL

DOB: 26/01/1981

PNCID/CRO No: 97/99378V

TERMS AND CONDITIONS OF END OF CUSTODY RELEASE FROM PRISON

1. You are to be released from prison on ECL

from 01/07/2008

to: 16/07/2008

Release Address:

109 BURNCROFT AVENUE

ENFIELD

LONDON

EN3 7JQ

2. You may be recalled to prison at any time if you breach any of the conditions of this licence.

3. If you remain at large after an order recalling you has been made you will be liable for arrest.

4. You must have this form with you throughout your period of ECL, and must produce it if requested to do so by a police officer, or a probation officer.

5. You must not change the address to which you have been released without permission from the Governor/Controller of your releasing prison.

6. Should you need help or advice during the period you are on ECL, you may contact the prison from which you were released. The contact details are below

Prison: HMP WOODHILL

Address: TATTENHOE STREET
MILTON KEYNES

BUCKINGHAMSHIRE

MK4 4DA

Tel No: 01908 722000

TO

Date... 08/07/08

The Department of Social Security
The Benefits Agency
Housing Department
Housing Benefits Section

Dear Sir/Madam,

N.I. no JH 65 38.11 D

This letter is to inform you that Tulip Floating Support Service - Enfield/Haringey is currently advocating on my behalf, with respect to welfare benefits/housing benefits.

I SIMON CORDELL am therefore giving my consent for you to discuss any claim I might make with employees of Tulip over the telephone or in writing, and to release to Tulip, information pertaining to any claim at their request.

Yours faithfully

Clients Signature 

Print name Simon Cordell