



## LANDLORD CONSENT FORM

Name of tenant(s).....

Address .....

.....

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I authorise my Landlord to ask questions in connection with my Housing Benefit claim, and agree to any information available about my claim to be divulged to my Landlord.

I understand that confidential information concerning my current Housing Benefit claim may be discussed.

Dated...../...../.....

Signature of Tenant: .....

Landlord's Full Name.....
Business Address.....
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.....
.....

Managing Agents (if applicable).....
Business Address.....
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.....
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When completed return to: Woking Borough Council  
Benefits Section  
Civic Offices  
Gloucester Square  
Woking  
Surrey  
GU21 6YL