**Tower Hamlets Homes**

**Finance Section**

**PO Box 66355**

**London E14 1GU**

## APPLICATION FOR REFUND OF CREDIT (RFD1)

Full name of tenant: .......................................................................................

Second tenant (if joint): ..................................................................................

Address of tenanted property/licensed item........................................................

Postcode.......................... Telephone No: ...................................

**E-Mail ………………………………………………. (This field must be completed)**

Account reference number

Name and address to which refund should be sent (**if different from above**)

.................................................................................Postcode......................

If you wish for your Refund payment to be made to another person’s bank account, can you specify to us your relationship to them?

Please nominate a bank account that we can make your payment to. Please note that we are now unable to make your payment by cheque:

**Account Name:** ...........................................................................................

**Sort Code:** .....................................

**Bank Account Number:** .....................................

I/we understand that proof of identity may be required before this payment is made.

Any monies owed to the Council, will be deducted from this refund.

Signed............................................... Signed................................................

Dated................................................ Dated..................................................

For ***Rents*** use ***only***:

**Identity** checked: Yes No: Name: Date: / /0

**Court Costs** outstanding: **£** Name: Date: / /0

**Housing Benefit check:**

Entitlement Conf’d: Yes No Credit Conf’d: Yes No

O/P outstanding - recovery to be made: **£**

HB officer’s name: Date: / /0

**HPU Arrears Yes No Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LHM check**

Rechargeable Costs O/S: **£** Name: Date: / /0

Amount of Refund: £

Authorised: . Date: / /0 Week Input: /0

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