



Extended Payment Form- Housing Benefit / Council Tax Benefit

working for our community

Ben Ref

Name

Address

I wish to claim Extended Payment as:

a * I have started work, on _____

b * My hours have increased from (no hours) _____ to (no hours) _____
on (date) _____ and this will last more than five weeks.

* Please delete as appropriate.

Employers Name

Employers Address

My partner / I have received IS / JSA for more than 26 weeks and this will now end.

Customers Name	<input type="text"/>	Telephone Call	<input type="text"/>	Counter	<input type="text"/>
Signed	<input type="text"/>	Assessor Name	<input type="text"/>		
Date	<input type="text"/>	Date	<input type="text"/>		

For Official Use Only

Standard Claim Form Issued	Date	<input type="text"/>	Initials	<input type="text"/>
IS / JSA Ended	<input type="text"/>			
26 Week Period Satisfied	<input type="text"/>			
Five Week Work Period	<input type="text"/>			
Extended Payment Awarded	<input type="text"/>			
Extended Payment Refused	<input type="text"/>			
Name	<input type="text"/>			
Date	<input type="text"/>			