

**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