

Request for refund of rent



PLEASE NOTE: AMOUNTS OF LESS THAN FOUR WEEKS FULL RENT ARE NOT REFUNDABLE.

My name is _____
My address is _____
_____ Post code _____
Rent account no. _____

Please check my rent account which I understand is £ _____ in credit.

You have my consent to apply the above balance towards the reduction of any arrears which may be due from me for any other account owed to whg.

I agree to repay any amounts found at a later date to have been refunded to me in error.

Signed: _____ Signed: _____
(Joint tenants should all sign)

Date: _____

Payment of this refund is in the form of a cheque.

In the case of joint / multiple tenancies, the cheque will be made payable to **ALL** the tenants unless a specified payee is given in the box below AND all other tenants have signed to agree this.

If you require the cheque to be issued to a third party, you must attach a letter of authorisation signed by all tenants.

Cheque made payable to:

FOR OFFICE USE ONLY

Checked by / date _____

- Comments:
- on full benefit
 - weekly payer
 - fortnightly payer
 - monthly payer
 - HBOP

Please forward to: whg, Revenue Support, 100 Hatherton Street, Walsall WS1 1AB

