

**Revenues & Benefits Service
Finance & Resources Directorate**
Hackney Council
Hackney Service Centre
1 Hillman Street
London
E8 1DY

Name of Bank
Address of Bank

Phone: 020 8356 3399
E-mail: benefits@hackney.gov.uk
Fax: 020 8356 3655
Text phone: 020 8356 3725

Our ref:
Date:

Dear Sir / Madam

Confirmation of Identity letter.

Name:
Date of Birth:
National Insurance Number:

Address:

DRAFT

This letter is to confirm that the above named person is resident at the above address.

They are currently receiving Housing Benefit of £_____ per week from_____

A trained officer from the London Borough of Hackney, the Jobcentre Plus or The Pension Service has confirmed and verified their proof of Identity, National Insurance Number, and Residency as required in order for Housing Benefit to be paid.

This verification has been checked by an Officer in the Housing Benefit Service to ensure the verification checks meet our minimum evidence policy, and are in line with the evidence stated on our claim form.

Can you please help the above customer to open a credit union account, for their benefit to be paid into.

Please also find a BACS form to be completed by the customer and returned to us when the account is opened.

Yours sincerely

Benefit Officer

DRAFT

Hackney Revenues & Benefits Service

Correspondence Address: London Borough of Hackney, Hackney service Centre, 1 Hillman St, London E8 1DY
 Phone: 020 8356 3399 Textphone: 020 8356 3725 Fax: 020 8356 3655
 Email: benefits@hackney.gov.uk

Name
 Address



Ben Ref:
 Date:

BACS PAYMENT REQUEST FORM

For new BACS details & amendment to present BACS details
 (Please write all details in BLOCK capital letters)

Creditor reference	
Title e.g. Mr, Mrs, Ms etc.	
Your Surname	
Your First names	
Your Full Address (including post code).	

YOUR ACCOUNT DETAILS

Housing Benefit can only be paid to your own account and not in any other accounts which are not in your name.

Name of the Bank or building society																					
Name of the account holder																					
Reference roll number (if applicable)																					
Account number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				
Sort code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				

Your Signature	
Date	

Please tick item provided	
Bank statement	<input type="checkbox"/>
Credit Union letter	<input type="checkbox"/>

Please return the form to the above address, together with evidence from the Credit Union confirming that the Account has been opened.

FOR OFFICIAL USE ONLY – To be completed by customer Services Officer receiving this form		
Did you receive proof of identification with this BACS form? Please record it here.		
Passport (record Passport no.)	Driving Licence (record licence no.)	Other ID (please specify)