

Online Housing and Council Tax Benefit Fraud Referral Form

If you suspect someone of benefit fraud, please complete as much of this form as you can. Do not worry if you don't know the answers to some of the questions. All the information you provide will be strictly in confidence and although you do not have to give us your name and address you can if you wish.

Please make sure that you are not being watched while you are filling in this form to keep the information you give as confidential as possible. If you print out a copy of the completed form, you should also keep this safe.

If you would prefer to report suspected benefit fraud by phone, please call the Fraud Hotline on 020 8379 4289.

Section 1: About the person claiming benefit

(Please complete a separate form for each person involved).

1a. What type of benefit fraud do you think is being committed?

Other information about the type of benefit fraud being committed? for example; if living together when did this start? If the couple have children please give full details of names, sex, age, etc.

What makes you think benefit fraud is being committed?

1b. Who do you suspect of benefit fraud?

Their surname or family name

Their gender

Their forenames

Their title (for example, Mr, Mrs, Ms).

Their other names, nicknames, aliases

Their address

Their postcode

Their phone number

Their National Insurance number
(If known)

What is their date of birth or age?

Which benefits are involved?

Details of other benefits involved

1c. Appearance of person claiming benefit

Their ethnic group

Provide any other information if necessary

Their build

Their eye colour

Their eyewear

Their hair colour

Their hair type

Their distinguishing features
(for example, facial hair, tattoos, scars, piercings.)

Other information about their appearance? (Such as their usual style of clothing for example always wears jeans, or distinctive jewellery.)

1d. Their employment

If they are working, do you think their employer knows they are fraudulently claiming benefit ?

Their employer's name and address if known

Other details, about their work? (for example, type of work, times, dress, how much they earn, which days they work.)

1e. Their vehicle details

Make and model

Registration number

Colour

Other features

Does the claimant have a partner

Section 2. About the partner of the person claiming benefits:

2a. If different from above, what type of benefit fraud do you think is being committed? Please choose one from this list

Other information about the type of benefit fraud being committed?

2b. What is the name of the partner?

Their surname or family name

Their gender

Their forenames

Their title (for example, Mr, Mrs, Ms).

Their other names, nicknames, aliases

Their address

Their postcode

Their phone number

Their National Insurance number (If known)

What is their date of birth or age?

Which benefits are involved?

Details of other benefits involved

2c. Appearance of partner ?

Their ethnic group

Provide any other information if necessary

Their build

Their eye colour

Their eyewear

Their hair colour

Provide any other information if necessary

Their hair type

Their distinguishing features
(for example, facial hair, tattoos, scars,
piercings.)

Other information about their appearance? (Such
as their usual style of clothing for example
always wears jeans, or distinctive jewellery.)

2d. Partners employment

If they are working, do you think their employer knows they are fraudulently claiming benefit ?

Their employer's name and address if known

Other details, about their work? (for example, type of work, times, dress, how much they earn, which days they work.)

2e. Partner's vehicle details (If same as above, please enter 'same as above' in each box)

Make and model

Registration number

Colour

Other features

Section 3: About you

The information you have provided is strictly confidential. You do not need to tell us who you are, but if you would like our investigators to be able to contact you for more information, please tell us:

Your name

Your address

Your phone number

Your email address

Section 4: Other details

Is there anything else we should know?

Thank you for the information you have provided. For reasons of confidentiality, we will not be able to tell you the result of our enquiries.

Please send this form to:

**Housing Benefit Investigation Team
P.O Box 54, Civic Centre, Silver Street, Enfield, EN1 3XF**

**If you would prefer to fax this form to us, please use the following number:
Fax: 020 8379 3598**