

Our Ref: TC1f	(Current / former tenant - Please circle)
Date:	
Name(s) of te	enant(s) on tenancy:
	Address:
	Telephone No:
Name (if not the tenant)):
Relationship to tenant: .	
Contact number:	
RE: Request for credit re	efund on my rent account
	/acting on behalf of the above named person and ould investigate the credit balance on the rent riding a refund.
My Account details are a	s follows:
Account Number:	Sort Code:
Signed (both signatures if	joint tenancy): Date:
	Date
to be processed. If housing	take up to a minimum of four weeks for a refund benefit has been claimed this may increase the ng benefit needing to be contacted to confirm no de.

Post completed form to: 7th Floor, Trafford House, Chester Road, Stretford, Manchester, M32 ORS