



Home Loss Payment Claim Form

Name (Tenant 1):	Telephone number:
Name (Tenant 2):	Email:
Current address:	
The address I am moving to is:	

Qualifying Criteria for a home loss payment	
I/we are the tenant(s) of the property.	
I/we are being moved out as a direct consequence of the Council's improvement plans.	
I/we have lived in my home for at least a year prior to the date of my move.	
I/we will not be returning to the property that I have moved out of.	
I/we satisfy the above qualifying criteria for the home loss payment.	
Signed (Tenant 1)	date: / /
Signed (Tenant 2)	date: / /

I would like the cheque for the disturbance payment to be made payable to:	
(Name of account holder)	
Signed	date: / /

Please return to:	
Tenant Services, Babergh District Council, Corks Lane, Hadleigh, Ipswich, Suffolk, IP7 6SJ.	

Office use only			
Date claim received	/ /	Date new tenancy starts	/ /
Is qualifying criteria met?	Yes/No	Date keys returned for old address	/ /
Is rent account clear?	Yes/No	Date passed for payment	/ /
Total payment approved			