

THIRD PARTY AUTHORISATION MANDATE

Name of relative/representative/landlord: (delete as appropriate) _____

Claimant's Name: _____

Property Address: _____

Council Tax/Benefit Reference: _____

To be completed by the claimant

I agree that my **relative/representative/landlord (delete as appropriate)** may make enquiries to the City of Edinburgh Council, Customer Services division, concerning my claim for Council Tax Reduction and Housing Benefit.

I agree that the City of Edinburgh Council, Customer Services division may make any enquiries to my landlord concerning my claim for Council Tax Reduction and Housing Benefit. This includes requests for further information/evidence (for example, proof of my income).

Signed:

Date: _____