HOUSING BENEFIT REVIEW DECISION PROFORMA

As you are aware, The Housing Benefit Review (HBR) is designed to measure the loss from Housing Benefit (HB) due to fraud and error (both claimant and departmental).

During the course of the review, we have uncovered a discrepancy/discrepancies that could affect the entitlement to Housing Benefit for one of your claimants which may result in the benefit ceasing or changing. We may still be undertaking a number of internal departmental checks with regard to this case which could result in further discrepancies being found, if this occurs we will provide further confirmation.

In the meantime can you please arrange for the decision-maker to make a prompt decision on the Housing Benefit discrepancy/discrepancies identified in section 2 of the attached proforma. Evidence to assist with decision making (a signed statement from the claimant and the error calculation sheet(s) (appendix 11c) are attached.

Once the Housing Benefit claim is re-assessed, please ensure the proforma is returned to me at the address at the top of this letter within 5 working days of receipt.

Where we have discovered information that will not affect the amount of benefit in payment we have shown this in section 3. Please arrange for your records to be updated accordingly.

Thank you for your co-operation in ensuring the HBR runs smoothly and efficiently. Please do not hesitate to contact me if you have any queries.

Checking Officer
Performance Measurement Review Team
SECTION 1 – CASE DETAILS

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<tr>
<th>LA</th>
<th>Claimant Surname</th>
<th>FREDA number</th>
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SECTION 2 – DETAILS OF ERRORS/CHANGE OF CIRCUMSTANCES FOUND

For each error Include:
- The error categorisation (OE/CE/CF),
- an explanation of the error, and
- the monetary value of error

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<tr>
<th>Error no</th>
<th>Details of Error</th>
<th>Start date</th>
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SECTION 3 DATA DISCREPANCIES IDENTIFIED

DECISION MAKER: URGENT

Please check this review (& supporting forms) against your Housing Benefit system for any discrepancies or error and ensure that the full case check date is noted.

Claimant Name: __________________________

FREDA Reference no: ______________________

Documentary evidence to support error (attach where appropriate)
1. Statement of circumstances
2. __________________________

Signed (PM) | Name | Date
-------------|------|-------
SECTION 4 – DECISION

Housing Benefit Decision Maker’s Comments: I Agree/Disagree with PM comment(s). (If you do not agree, please state reasons.)

Have the above change(s) resulted in the benefit ceasing? YES/NO

If entitlement ceased, what date did it cease from? …/…../…..

Date Housing Benefit paid up to prior to reassessment……………………………………

Signed (Decision Maker) ….............................................Date ……………………..

Continue overleaf if necessary

PLEASE RETURN TO THE PERFORMANCE MEASUREMENT TEAM URGENTLY AT:

ADDRESS……………………………………………………………………….

……………………………………………………………………………………

……………………………………………………………………………………

PM agreement with Decision Maker’s comment(s)

Signed (PM) Name Date

SECTION 5 – DISAGREEMENT

Date arbitration referred to PM AGA on form D3…../…../…..

Arbitration outcome: PM decision upheld/HB DM decision upheld/Other

Date LA notified of D3 arbitration outcome…../…../…..

Signed (PM) Name Date