

Defence form
(rented residential
premises)

In the

Claim No.

Claimant

Defendant(s)

Date of hearing

Personal details

1. Please give your:

Forename(s)

Surname

Address (if different from the address on the claim form)

post code

Disputing the claim

2. Do you agree with what is said about the premises and the
tenancy agreement?

☐ Yes

☐ No

If No, set out your reasons below:

3. Did you receive the notice from the claimant referred to at
paragraph 5 of the particulars of claim?

☐ Yes

☐ No

If Yes, when:

4. Do you agree that there are arrears of rent as stated in the particulars of claim?

☐ Yes

☐ No

If No, state how much the arrears are:

£ _____

☐ None

5. If the particulars of claim give any reasons for possession other than rent arrears, do you agree with what is said?

☐ Yes

☐ No

If No, give details below:

6. Do you have a money or other claim (a counterclaim) against your landlord?

☐ Yes

☐ No

If Yes, give details:

Arrears

7. Have you paid any money to your landlord since the claim was issued?

☐ Yes

☐ No

If Yes, state how much you have paid and when:

£ _____

date _____

8. Have you come to any agreement with your landlord about repaying the arrears since the claim was issued?

☐ Yes

☐ No

I have agreed to pay £ _____ each (week)(month)

9. If you have not reached an agreement with your landlord, do you want the court to consider allowing you to pay the arrears by instalments?

☐ Yes

☐ No

10. How much can you afford to pay in addition to the current rent?

£ _____

per (week)(month)

About yourself

State benefits

11. Are you receiving Income Support? ☐ Yes ☐ No

12. Have you applied for Income Support? ☐ Yes ☐ No

If Yes, when did you apply? _____

13. Are you receiving housing benefit? ☐ Yes ☐ No

If Yes, how much are you receiving? £ _____ per (week)(month)

14. Have you applied for housing benefit? ☐ Yes ☐ No

If Yes, when did you apply? _____

15. Is the housing benefit paid ☐ to you ☐ to your landlord

Dependants *(people you look after financially)*

16. Have you any dependant children? ☐ Yes ☐ No

If Yes, give the number in each age group below:

under 11 11-15 16-17 18 and over

Other dependants

17. Give details of any other dependants for whom you are financially responsible:

Other residents

18. Give details of any other people living at the premises for whom you are not financially responsible:

Money you receive

19. Usual take-home pay or income if self-employed £_____ Weekly ☐ Monthly ☐
including overtime, commission, bonuses
- Job Seekers allowance £_____ ☐ ☐
- Pension £_____ ☐ ☐
- Child benefit £_____ ☐ ☐
- Other benefits and allowances £_____ ☐ ☐
- Others living in my home give me £_____ ☐ ☐
- I am paid maintenance for myself (or children) of £_____ ☐ ☐
- Other income £_____ ☐ ☐
- Total income** £_____ ☐ ☐

20. **Bank accounts and savings**
 Do you have a current bank or building society account? ☐ Yes ☐ No

If Yes, is it

☐ in credit? If so, by how much? £_____

☐ overdrawn? If so, by how much? £_____

21. Do you have a savings or deposit account? ☐ Yes ☐ No

If Yes, what is the balance? £_____

22. **Money you pay out**
 Do you have to pay any court orders or fines?

Court	Claim/Case number	Balance owing	Instalments paid
		Total Instalments paid £ _____ per month	

23. Give details if you are in arrears with any of the court payments or fines:

24. Do you have any loan or credit debts?

☐ Yes

☐ No

Loan/credit from	Balance owing	Instalments paid
	Total Instalments £ per month	

25. Give details if you are in arrears with any loan / credit repayments:

Regular expenses

(Do not include any payments made by other members of the household out of their own income)

26. What regular expenses do you have?

(List below)

		Weekly	Monthly
Council tax	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Gas	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Water charges	£_____	<input type="checkbox"/>	<input type="checkbox"/>
TV rental & licence	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Credit repayments	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Mail order	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping, food, school meals	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Travelling expenses	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance payments	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	£_____	<input type="checkbox"/>	<input type="checkbox"/>
Total expenses	£_____	<input type="checkbox"/>	<input type="checkbox"/>

Priority debts

27. This section is for **arrears** only. **Do not** include regular expenses listed at Question 26.

		Weekly	Monthly
Council tax arrears	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Water charges arrears	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Gas account	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Electricity account	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance arrears	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
Others (give details below)			
	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
	£ _____	<input type="checkbox"/>	<input type="checkbox"/>
	£ _____	<input type="checkbox"/>	<input type="checkbox"/>

28. If an order for possession were to be made, would you have somewhere else to live? ☐ Yes ☐ No

If Yes, say when you would be able to move in: _____

29. Give details of any events or circumstances which have led to your being in arrears of rent (*for example divorce, separation, redundancy, bereavement, illness, bankruptcy*) or any other particular circumstances affecting your case. If there are any reasons why the date any possession order takes effect should be delayed, give them here. If you believe you would suffer exceptional hardship by being ordered to leave the property immediately, say why.

Statement of Truth

*(I believe)(The defendant(s) believe(s)) that the facts stated in this defence form are true.

* I am duly authorised by the defendant(s) to sign this statement.

signed _____ date _____

*(Defendant)(Litigation friend(*where defendant is a child or a patient*))(Defendant's solicitor)

**delete as appropriate*

Full name _____

Name of defendant's solicitor's firm _____

position or office held _____

(if signing on behalf of firm or company)