

# Application for direct payments of Local Housing Allowance to your landlord



**Claim Number:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

## What is this form for?

The Benefit section has to make all payments of Local Housing Allowance (LHA) directly to you, but we can make payments directly to your landlord in exceptional circumstances where you have difficulty managing your affairs.

The information you provide in this form will help the section decide whether it is appropriate to pay LHA directly to your landlord. Try to give as much information and evidence as possible with this form. Guidance notes are attached for assistance.

The Financial Assessment form should only be completed if you would like assistance with money advice issues.

## Who should complete this form?

This form should be completed by the tenant, but it can also be completed on behalf of the tenant by:

- family or friends
- main carer
- an advice or welfare agency
- the landlord or letting agent
- another service within the Council

The tenant or appointee must always sign the form, and be fully aware that it may lead to their being paid directly to the landlord to cover their rent.

## What should be sent with this form?

Written evidence must be provided to support the evidence given in this form. This can be from various sources depending on a person's individual circumstances, for example:

- the tenants'
  - family and/or friends
  - landlord
  - General Practitioner (GP)
  - Probation Officer
  - Social Worker
  - main carer
  - Welfare Groups
  - Department for Work & Pensions

Please note this list is not exhaustive.

1	Name of Tenant
2	Address of tenant
3	Person completing the form
4	Contact address and telephone number, if the above is not the tenant
5	If the tenant is not completing the form, please tell us your relationship to the tenant and the reason for completing the form on their behalf
6	Tell us about any learning disabilities that may cause you problems in paying your rent
7	Tell us about any physical disabilities or medical conditions that may cause you problems in paying your rent
8	Tell us about any mental health problems that may hinder your ability to pay your rent
9	Are you coping with an addiction? eg alcoholism, substance misuse, gambling
10	Have you encountered difficulties in managing your affairs because you need assistance with understanding English?

<b>11</b>	Please tell us about any recent changes that mean you need additional support, or if you anticipate any in the near future?
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<b>12</b>	<p>a Do you have rent arrears? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please tell us</p> <p>b How much are your rent arrears? <input type="text"/></p> <p>c The period they cover <input type="text"/> to <input type="text"/></p> <p>d Are they a result of you not paying the difference between your Housing Benefit and your rent liability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e Any action your landlord has taken to recover the rent? (Please circle and send us proof of any action taken) Court action/notice of seeking possession/notice to quit/a letter/a payment plan</p> <p>Other (please specify) <input type="text"/></p> <p>Have you tried to re-negotiate with your landlord about reducing the rent?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<b>13</b>	Have you had any previous problems in maintaining rent payments and if so please explain why.
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<b>14</b>	Do you have multiple debts and need assistance to resolve them?
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<b>15</b>	Do you currently receive any ongoing support from an agency that can help you organise rent payments?
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<b>16</b>	Can anyone else support you in managing your financial affairs or do you need help with this?
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<b>17</b>	Are you having deductions made from your income to repay debts?
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<b>18</b>	<p>How long might you need payments to be made to the landlord?</p> <p>12 weeks <input type="checkbox"/>                      26 weeks <input type="checkbox"/>                      52 weeks <input type="checkbox"/></p> <p>If you require payments to be sent for a longer or shorter period of time, please specify the period and tell us why?</p>
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<b>19</b>	<p><b>Please ask your landlord to complete this section:</b></p> <p>Landlords name: _____</p> <p>Landlords address: _____</p> <p>_____</p> <p><b>Bank/Building Society Details:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Bank/Building Society Name:</td> <td colspan="7"></td> </tr> <tr> <td rowspan="4">Branch Address:</td> <td colspan="7"></td> </tr> <tr> <td colspan="7"></td> </tr> <tr> <td colspan="7"></td> </tr> <tr> <td colspan="7"></td> </tr> <tr> <td>Account Holders Name(s):</td> <td colspan="7"></td> </tr> <tr> <td colspan="8"> </td> </tr> <tr> <td>Account Sort Code:</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px; background-color: black;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px; background-color: black;"></td> <td style="width: 20px;"></td> </tr> <tr> <td>Account Number:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Roll Number <i>(if applicable)</i>:</td> <td colspan="7"></td> </tr> <tr> <td colspan="8"> </td> </tr> <tr> <td colspan="8">Authorisation signature: _____</td> </tr> <tr> <td colspan="8">Date: _____</td> </tr> </table>	Bank/Building Society Name:								Branch Address:																													Account Holders Name(s):																Account Sort Code:								Account Number:								Roll Number <i>(if applicable)</i> :																Authorisation signature: _____								Date: _____							
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**Tenant's Declaration**

- The information given is true and correct
- I agree for my Local Housing Allowance to be paid directly to my landlord to cover the contractual rent
- I will contact the Council should I feel I am able to receive my benefit directly

Please sign and date the form below (if you have a partner they should also sign below)

You  Your Partner

Date

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**Person completing the form, if not the tenant**

- The information given is true and correct
- I believe it to be in the best interest of the tenant to pay Local Housing Allowance directly to their landlord

I have read and understood the declaration. Please sign and date the form below.

Name  Signature

Date