

# Application for direct payment of Local Housing Allowance to your Landlord



## Section 1 – 5

<b>1.Tenants:</b> Title (Mr, Mrs etc) Surname First names	<b>3.Person completing form (if not tenant):</b> Title (Mr, Mrs etc) Surname First names
<b>2.Tenants:</b> Address  Postcode	<b>4.Person completing form (if not tenant):</b> Address  Postcode
Phone number: E Mail address:	Phone number: E Mail address:
<b>5. If the tenant is not completing the form, please give the following details:</b> Relationship to tenant: Reason you are competing the form:	

### Question 1

Tell us about any learning disabilities that may cause you problems in paying your rent:

### Question 2

Tell us about any physical disabilities or medical conditions that may cause you problems in paying your rent:

### Question 3

Tell us about any mental health problems that may hinder your ability to pay your rent:

#### Question 4

Are you coping with an addiction? e.g. alcoholism, substance misuse, gambling

#### Question 5

Have you encountered difficulties in managing your affairs because you need assistance with understanding English?

#### Question 6

Please tell us about any recent change that means you need additional support, or if you anticipate any in the near future?

#### Question 7

Have you had any previous problems in maintaining rent payments?

#### Question 8

(a) Do you currently have rent arrears? Yes  No

(b) How much are your rent arrears? £

(c) What period do the arrears cover?  to

(d) Has your landlord taken any of the following action? Yes  No   
(please tick and send us proof of any action taken)

Court action  Notice of seeking possession  Notice to quit  A letter

A payment plan  Other (please specify)

(e) Have you asked your landlord if they can reduce your rent? Yes  No

#### Question 9

Do you have any other debts that you are currently clearing? Yes  No

Please use the table on the next page to detail the type, amount and period of debts.

Amount of arrears	Type of arrears	Period from	Period to
£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Question 10

Do you currently receive any support from an agency, organisation, friend or family member to help you make rent payments? Yes  No

If yes, please give the name of this person and their contact address:

Title (Mr, Mrs etc)	Address
Surname	
First names	
Phone number:	Postcode
E Mail address:	

### Question 11

Are you having any deductions made from your income, such as Department of Work and Pensions benefits to help repay debts? Yes  No

Please give details:

### Question 12

How long might you need payments to be made to the landlord?

12 weeks  26 weeks  52 weeks  If for a longer please specify and tell us why:

Landlord name: \_\_\_\_\_ Landlord telephone no.: \_\_\_\_\_

Landlord address: \_\_\_\_\_

Payment details for BACS: \_\_\_\_\_ Sort code:

Account number:

Name of account holder:

**Please use this space for any additional information to support your claim:**

**Declaration 1 – Tenants declaration**

**I understand the following:**

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information provided to process my payment request. You may check some of the information with other sources within the council, rent office and other councils.
- You may use any information I have provided in connection with this and any other claim for Department of Work and Pensions benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

**I authorise the council to**

- Make any necessary enquiries to verify the information on this form.
- Make any Local Housing Allowance payments directly to my landlord to cover the contractual rent

**I know I must advise the Council's benefits unit**

- Of any changes in my circumstances
- If I feel I am able to receive my benefit directly

**I declare the information given on this form is correct and complete**

Signature of tenant  Signature of partner

Date

**PLEASE REMEMBER TO INCLUDE DOCUMENTARY EVIDENCE WHERE POSSIBLE TO SUPPORT YOUR CLAIM**

**Declaration 2 – Person completing the form, if not the tenant declaration**

**I understand the following:**  
I have completed the form with information provided by the tenant.  
I believe it is the tenant's interest to pay their Local Housing Allowance to their landlord.

**I have read and understood the declaration.**

Signature of person detailed in section 3 and 4 of this form:

Date: