

Request for payment to landlord

Any Housing Benefit payments made under the Local Housing Allowance scheme would normally be paid to the claimant. But in some cases we can consider making payments to the landlord when the claimant has difficulty managing their own affairs or are unlikely to pay their rent.

If you think that receiving direct payments will cause you serious problems, please complete this form and return it to the above address with any supporting evidence.

Completion of this form does not guarantee that payments of housing benefit will go directly to the landlord. Each application will be assessed on its own individual merits. We will notify the claimant and the landlord of the outcome. The information on this form will help us decide if it is appropriate to pay your landlord.

Who should complete this form

The claimant should complete this form, but any of the following can complete the form on their behalf.

- Family or friends
- A carer / Support worker
- An advice or welfare agency worker
- The landlord or letting agent
- Social Services / GP / Probation Officers
- Jobcentre Plus or Pension Service worker
- A person who works for another service within the Council

Name of claimant:

Address:

Contact telephone number:

Claim Ref No:

Name of Person/Company payments may go to:

Address of person/company payments may go to: _____

Please tell us if there is anything that makes it difficult for you to manage payment of your rent yourself.

Please tick the boxes that apply and give details. Send us written proof of your problem.

Please tick the box or boxes that apply to you and provide the evidence required.

Reason direct payment is a problem	Evidence required
<input type="checkbox"/> I have learning disabilities that make it difficult to manage my finances.	Written evidence from Care Workers, your GP, Social Services, etc.
Details:	

<input type="checkbox"/> I have a medical condition or mental health problem which makes it difficult to manage my finances.	Written evidence from Care Workers, your GP, Social Services, etc.
Details:	

<input type="checkbox"/> I have serious difficulties with reading and writing.	Written evidence from Support Organisations.
Details:	

<input type="checkbox"/> I do not speak English.	Written evidence from Support Organisations.
Details:	

<input type="checkbox"/> I am dealing with addiction to drugs, alcohol or gambling.	Written evidence from Support Organisations, your GP, Social Services, Care Workers, Hospital, etc.
Details:	

<input type="checkbox"/> I am fleeing domestic violence.	Written evidence from Support Organisations, Social Services, etc.
Details:	

<input type="checkbox"/> I have recently been released from Prison.	Written evidence from the Prison or the Probation Service.
Details:	

<input type="checkbox"/> I have severe debt problems.	Court Orders, CCJs, evidence from Help Groups, Solicitors, creditors, debt advisers, etc.
Details:	

<input type="checkbox"/> I am an un-discharged bankrupt.	Copy of Court Order.
Details:	

<input type="checkbox"/> I am unable to open a bank account.	Letters from banks or money advisers.
Details:	

<input type="checkbox"/> I have a history of homelessness.	Evidence from Support Organisations, Homeless Charity, etc.
Details:	

None of the above problems apply to me but payments made direct to me will be difficult for me because:

Please give details of anyone that could be contacted in order to help establish any further details needed in order to make a decision i.e. Care Worker, Social Worker, Support Worker etc

Name	Relationship to you	Telephone number	Address

Declaration:

Even if someone else has filled in this form for you, you must sign this declaration if you can.

- I **declare** that the information given is true and correct.
- I **authorise** the Council to pay my Housing Benefit to my landlord if it is appropriate.
- I **authorise** the Council to make any enquires to check the information or evidence provided with any people / organisations mentioned on this form in order to deal with my request.
- I **authorise** the Council to discuss the progress of my housing benefit payments with my landlord.
- I will contact my local authority if my circumstances change and I feel I am able to receive my benefit directly.

I have read and understood the declaration.

Signature

Date

If this form has been completed by someone other than the claimant, please complete this declaration.

I declare that, as far as possible, I have confirmed with the tenant that the information I have written on this form is correct.

Name of the person who filled in the form

Relationship to the tenant

Signature

Date

Reason not completed by claimant (if applicable)

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