



LOCAL HOUSING ALLOWANCE

Application for direct payments of Housing Benefit to your Landlord

*The Benefits Service normally has to make all payments of Housing Benefit (LHA) directly to you, **BUT** we can make payments directly to your Landlord in certain cases where you have difficulty managing your finances.*

The information you provide in this form will help the Benefits Service decide whether it is appropriate to pay Housing Benefit directly to your landlord. You may not need to complete all the questions, as each case will be different, but try to give as much information and proof as possible.

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 must always sign the form, and be fully aware that it may lead to their benefit being paid directly to the **Landlord**.

What should be sent with this form?

Written proof needs to be provided to support the details 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, Probation Officer, Social Worker
- main carer.
- Welfare Groups
- Department of Work & Pensions (DWP)
- GP

Please note this list is not exhaustive.

For office use Claim ref:

Date Issued:

1	Name of tenant
2	Address of tenant
3	Name of 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 for paying your rent.
7	Tell us about any physical disabilities or medical conditions that may cause 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? e.g. alcoholism, substance misuse, gambling
10	Have you encountered difficulties in managing your affairs because you require assistance with understanding English?

11	Please tell us about any recent or future changes that may mean you require additional support.
12	Have you had any previous problems in maintaining rent payments?
13	<p>a) Do you currently have rent arrears? YES / NO</p> <p>b) How much are your rent arrears £.....</p> <p>c) What period do they cover? to</p> <p>d) Has your Landlord taken any of the following action to recover your rent arrears?</p> <p>Please tick the relevant recovery action</p> <p>Court action notice of seeking possession notice to quit</p> <p>A letter..... a payment plan</p> <p>Other</p> <p>Have you asked your landlord if the rent can be reduced? YES / NO</p>
14	Do you have any other debts that you need to resolve YES / NO (Please give details)

<p>15</p>	<p>Do you currently receive support from an agency, organisation, friend or family member to help you make rent payments? YES / NO</p> <p>If yes, please give the name of this person and their contact address.</p> <p>If you do not receive any help or support and would like us to put you in touch with other organisations that could help you, please circle YES here.</p>
<p>16</p>	<p>Are you having deductions made from your income, such as DWP benefits to help repay any debts?</p>
<p>17</p>	<p>How long might you need payments to be made to the landlord?</p> <p>12 weeks..... 26 weeks..... 12 months.....</p> <p>If you wish payments to be considered for a longer period please tell state why?</p> <p>PLEASE NOTE YOUR PAYMENT METHOD WILL BE REVIEWED AT LEAST EVERY TWELVE MONTHS.</p>
<p>18</p>	<p>Tenant's Declaration</p> <ul style="list-style-type: none"> • The information given is true and correct. • I am happy for my Local Housing Allowance to be paid directly to my landlord to cover my contractual rent. • I will contact the Benefits Section should I feel I am able to receive my benefit directly. <p>I have read and understood the declaration.</p> <p>Please sign and date the form below (If you have a partner please ask them to sign as well)</p> <p>You Your Partner</p> <p>PLEASE REMEMBER TO INCLUDE DOCUMENTARY EVIDENCE WHERE POSSIBLE TO SUPPORT YOUR REQUEST</p>

19	Person completing the form, other than the tenant <ul style="list-style-type: none">• 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 the Landlord. <p>I have read and understood the declaration. Please sign and date the form below.</p> <p>Name Signature</p> <p>Address</p> <p>Phone number</p> <p>Mobile number</p> <p>Date</p> <p>Please return this form to your Local Authority with supporting evidence.</p>
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Please use this space for any additional information

Please return the form together with documentary proof to support the information provided to:

South Worcestershire Revenues & Benefits Shared Service
PO Box 11,
Persnore,
Worcs WR10 1PU
Tel: 03004 560 560

This form is designed for you to have help when completing it.
Please contact this section and we will advise you who can help you.
The sooner you return this form the quicker a decision can be made.
The form should be returned within one calendar month of date of issue.