



Local Housing Allowance

Application for direct payment of Housing Benefit to a landlord

Under the LHA scheme, Housing Benefit is usually paid direct to the tenant and the tenant will be responsible for paying their rent to the landlord. Under LHA, tenants cannot simply choose to have their benefit paid to their landlord.

However, the Council has discretion to pay benefit direct to the landlord if we consider that the tenant is likely to have difficulty managing his financial affairs or is unlikely to pay his rent.

If you think that getting payments will cause you serious problems and would like us to consider making payments direct to your landlord, please complete this form and return it to your local Housing Benefit office (as shown below), together with supporting evidence.

Tenants Name	
Claim Number	
Tenants Address	
Contact Information	Tel: <input style="width: 80%;" type="text"/> Email: <input style="width: 80%;" type="text"/>
Are you in arrears with your rent?	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/>
Period of rent arrears	From <input style="width: 150px;" type="text"/> To <input style="width: 150px;" type="text"/>
Evidence of rent arrears	Rent book <input type="checkbox"/> Letter from Landlord <input type="checkbox"/> Court letter <input type="checkbox"/>
Previous history of maintaining rent payments? (if yes, please provide details)	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Reason why payments should be made to the Landlord</p>	<table> <tr> <td>Learning Disabilities</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Evidence enclosed</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Medical Conditions</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Evidence enclosed</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Cannot read or speak English</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Evidence enclosed</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Alcohol/drug additions</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Evidence enclosed</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Severe debt problems</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Evidence enclosed</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Financial Support required</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Evidence enclosed</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>History of homelessness</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Evidence enclosed</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	Learning Disabilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evidence enclosed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medical Conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evidence enclosed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cannot read or speak English	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evidence enclosed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Alcohol/drug additions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evidence enclosed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Severe debt problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evidence enclosed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Financial Support required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evidence enclosed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History of homelessness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evidence enclosed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<p>Any other relevant details <i>(continue on additional sheet if required)</i></p>																																											
<p>Has help been received from a welfare or advice agency? <i>(if yes, please provide details)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																										
<p>Are deductions being made from income to repay debts? <i>(if yes, please provide details)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																										

Length of time direct payments required?									
If continuous, please provide reasons why									
Declaration	<ul style="list-style-type: none"> ▪ The information given is true and correct ▪ I agree that my Housing Benefit should be paid directly to my landlord up to the amount of the contractual rent ▪ I will contact the Benefits Service should I feel able to receive my benefit directly <p>I have read and understand the declaration</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Tenant's signature</td> <td style="width: 50%; border: none;">Partner's signature (If applicable)</td> </tr> <tr> <td style="border: none;"><input style="width: 90%; height: 25px;" type="text"/></td> <td style="border: none;"><input style="width: 90%; height: 25px;" type="text"/></td> </tr> <tr> <td style="border: none;">Date</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;"><input style="width: 90%; height: 25px;" type="text"/></td> <td style="border: none;"><input style="width: 90%; height: 25px;" type="text"/></td> </tr> </table>	Tenant's signature	Partner's signature (If applicable)	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	Date	Date	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>
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Person completing the form, if not the tenant	<p>Your Name <input style="width: 90%; height: 25px;" type="text"/></p> <p>Address <input style="width: 95%; height: 100px; border-radius: 10px;" type="text"/></p> <p>Tel: <input style="width: 90%; height: 25px;" type="text"/></p> <p>Email: <input style="width: 90%; height: 25px;" type="text"/></p> <p>Relationship to the claimant: <input style="width: 80%; height: 25px;" type="text"/></p>								
Declaration	<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 Housing Benefit directly to their landlord <p>I have read and understand the declaration</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Signature</td> <td style="width: 50%; border: none;">Date</td> </tr> <tr> <td style="border: none;"><input style="width: 90%; height: 25px;" type="text"/></td> <td style="border: none;"><input style="width: 90%; height: 25px;" type="text"/></td> </tr> </table>	Signature	Date	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>				
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