

Application for direct payments of Local Housing Allowance to your landlord



What is this form for?

The Benefits Service has to make all payments of Local Housing Allowance (LHA) directly to you, but we can make payments directly to your landlord where you have difficulty managing your affairs.

The information you provide in this form will help the Benefits Service decide whether it is appropriate to pay LHA 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 evidence as possible.

Complete the Financial Assessment form if you have multiple debts and would like us to consider this when making our decision or we may also use the information you provide to put you in touch with other Council Services who may be able to offer additional support.

Who should complete this form?

The tenant should complete this form, 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 to cover their rent.

For ease, all the questions are asked in the first person.

What should be sent with this form?

Written evidence needs to 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 of Work and Pensions

Please note this list is not exhaustive. Refer to the guidance notes for further advice on what is acceptable evidence.

For office use

Claim ref:

Date Issued:

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? e.g. alcoholism, substance misuse, gambling
10	Have you encountered difficulties in managing your affairs because you need assistance with understanding English?

11	Please tell us about any recent changes that mean you need additional support, or if you anticipate any in the near future?
12	Have you had any previous problems in maintaining rent payments?
13	<p>(a) Do you currently have rent arrears? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b) How much are your rent arrears? <input type="text"/></p> <p>(c) What period do they cover? <input type="text"/> to <input type="text"/></p> <p>(d) Has your landlord taken any of the following action to recover your rent? (Please tick and send us proof of any action taken) court action <input type="checkbox"/> notice of seeking possession <input type="checkbox"/> notice to quit <input type="checkbox"/> a letter <input type="checkbox"/> a payment plan <input type="checkbox"/> other (please specify) <input type="text"/></p> <p>(e) Have you asked your landlord if they can reduce the rent? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
14	<p>Do you have other debts that you need help to resolve? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please complete the Financial Assessment Form and tick the box if you wish us to make a referral for Money Advice Services <input type="checkbox"/></p>
15	<p>Do you currently receive support from an agency, organisation, friend or family member to help you to make rent payments? Yes <input type="checkbox"/> No <input type="checkbox"/></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 Council services that could help you, please tick this box <input type="checkbox"/></p>
16	Are you having deductions made from your other income, such as DWP benefits to help repay debts?

<p>17</p>	<p>How long might you need payments to be made to the landlord?</p> <p>12 weeks <input type="checkbox"/></p> <p>26 weeks <input type="checkbox"/></p> <p>52 weeks <input type="checkbox"/></p> <p>If longer, please specify and tell us why?</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 the contractual rent • I will contact the Benefits Service should I feel I am able to receive my benefit directly • If I have completed the Financial Assessment form, I authorise you to send a copy of this to the CAB <p>I have read and understood the declaration</p> <p>Please sign and date the form below (if you have a partner they should also sign below)</p> <p>You <input type="text"/> Your Partner <input type="text"/></p> <p>Date <input type="text"/></p> <p>PLEASE REMEMBER TO INCLUDE DOCUMENTARY EVIDENCE WHERE POSSIBLE TO SUPPORT YOUR REQUEST</p>
<p>19</p>	<p>Person completing the form, if not the tenant</p> <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 their landlord <p>I have read and understood the declaration. Please sign and date the form below.</p> <p>Name <input type="text"/> Signature <input type="text"/></p> <p>Date <input type="text"/></p>

Please return this form, together with documentary proof to support the information provided to:
 The Benefits Service, Babergh District Council, Council Offices, Corks Lane, Hadleigh, IPSWICH IP7 6SJ

Financial Assessment Form

Your weekly income		You	Partner
Net earnings from employment			
Income Support/Jobseekers Allowance			
Working Tax Credits			
Housing Benefit			
Child Benefit			
Pension Credit/Retirement Pension/Works Pension			
Any other state benefit			
Money received from parents/friends			
Any other income (please state sources)			
<input type="text"/> Total weekly income (A)			
Your weekly amount of outgoings (convert any monthly outgoings to weekly figures)		Arrears (if any)	
Rent			
Mortgage			
Council Tax			
Electricity			
Gas			
Water rates			
TV Licence/rental			
Telephone			
Food			
Household products			
Clothing			
Car/transport			
Maintenance			
Fines			
Other outgoings (please say what they are)			
<input type="text"/> Total weekly outgoings (B)			
<input type="text"/> Weekly income less weekly outgoings (A LESS B)			
Loans and other credit debts Name of creditor		Balance owing	Offer of repayment (if any)
1			
2			
3			
4			
5			
6			
7			
<input type="text"/> Total monthly or weekly repayments			