



Housing Benefit
Direct payment to landlord request
(For completion by the landlord or third party)

From 7th April 2008, under the Local Housing Allowance Scheme, Housing Benefit will be paid direct to tenants.

We know that some tenants struggle with the responsibility of handling their financial affairs, so we have safeguards in place which allow their landlord to be paid instead.

If you have evidence to suggest that the tenant may need to be safeguarded, please complete this form and provide the relevant documentary evidence, then return it to us at the address overleaf.

Your full name:

.....

Your address:

.....

Your relationship to your tenant, for example landlord, relative, friend, support worker and so on:

.....

Tenant's full name:

Tenant's address:

.....

Please tick the boxes that apply and provide the evidence required:

Reason for request	Evidence we require
The tenant is unable to open a bank or building society account <input type="checkbox"/>	Letters from banks, building societies, credit unions, and debt and money advisors
The tenant has severe debt problems or recent County Court Judgments <input type="checkbox"/>	Letters from banks, building societies, credit unions, debt and money advisors, and solicitors. Copies of court orders
The tenant is an undischarged bankrupt <input type="checkbox"/>	Copies of court orders
The tenant gets help from Supporting People <input type="checkbox"/>	Written evidence from the Social Services, explaining why the tenant will struggle with their financial affairs.
The tenant gets help from a charity for the homeless <input type="checkbox"/>	Written evidence from the charity, explaining why the tenant will struggle with their financial affairs.
The tenant has learning disabilities <input type="checkbox"/>	Written evidence from care workers, GPs, other qualified medical practitioners, Social Services, government departments, and so on, explaining why the tenant will struggle with their financial affairs.
The tenant has a mental illness that seriously impairs their ability to manage on a day to day basis, for example schizophrenia, depression, age-related mental deterioration such as the early stages of Alzheimer’s disease or senile dementia <input type="checkbox"/>	Written evidence from care workers, GPs, other qualified medical practitioners, Social Services, government departments, and so on.
The tenant is illiterate <input type="checkbox"/>	Written evidence from support organisations
The tenant cannot speak English <input type="checkbox"/>	Written evidence from support organisations
The tenant has an addiction to drugs, alcohol or gambling <input type="checkbox"/>	Written evidence from care workers, GPs, support organisations, government departments, and so on.
The tenant is fleeing from domestic violence <input type="checkbox"/>	Written evidence from women’s refuges, support organisations, care workers, Social Services, and so on.
The tenant has left prison following a long sentence <input type="checkbox"/>	Written evidence from the Probation Service
The tenant is a recent care leaver <input type="checkbox"/>	Written evidence from care workers, Social Services, support organisations, and so on.

This is not a full list. We will accept written information and evidence from other sources.

Please tell us anything else you think we should consider:

.....

.....

We will treat each case individually and not make assumptions about a person's situations.

If the tenant displays one of these characteristics, it does not mean they will automatically be safeguarded. We will look at the effect that these characteristics will have on their ability to pay their rent, and if direct payments will be in the tenant's best interest.

The landlord's evidence alone (or together with the tenant's) will not be enough for us to make a decision to safeguard and further evidence will be requested.

If you need any more information, please phone us on 01843 577552

Declaration

I declare that the information I have given is correct, and I authorise you to make enquiries to confirm any of the information that I have provided.

I understand that you may need to contact the tenant, and you will need to tell them about the information I have given you.

Signature.....

Date.....

Please return this form to:
Benefits Service
Thanet District Council
PO Box 9
Cecil Street
Margate
Kent CT9 1XZ