



Local Housing Allowance Direct Payment Application Form

Under the Local Housing Allowance (LHA) scheme, Housing Benefit is usually paid direct to the claimant and the claimant will be responsible for paying their rent to the landlord. Under LHA, claimants 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 claimant is likely to have difficulty managing his/her financial affairs or is unlikely to pay his/her rent.

The Council will also pay benefit direct to the landlord if:

- it is proved the claimant is 8 weeks or more in arrears of the amount he/she is liable to pay the landlord as rent, except where it is in the overriding interests of the claimant not to make payment to the landlord or
- the claimant is having deductions from Income Support/Jobseeker's Allowance to pay off rent arrears.

If you are the claimant's representative or landlord and believe payments should be made direct to the landlord because one or more of the above statements apply, please complete this form and return it to us at the address shown below, together with supporting evidence. The 'Safeguard Guidelines' document gives details of how the application will be dealt with. You can download a copy of this from the Thanet District Council's webpage on www.thanet.gov.uk/benefit or ring our Revenues & Benefits Service on 01843 577552 to request a paper copy.

Please note: if you are the claimant, do not complete this form. Simply phone our Revenues & Benefits Service Team on 01843 577552. They will arrange for you to see one of our benefits officers.

Claim number:	Date received:

Revenues & Benefits Service

Director of Customer Services
and Business Transformation:
Donna Reed

Email: Benefits@thanet.gov.uk
Fax: 01843 577532
DX 30555 (Margate)
Telephone calls may be monitored

Thanet District Council
PO Box 9
Cecil Street
Margate
Kent
CT9 1XZ

01843 577000
www.thanet.gov.uk



INVESTOR IN PEOPLE

If there are any boxes that aren't relevant to you or you don't know the answer to, please write 'not relevant' or 'don't know' as applicable.

1.	Claimant's full name and address:
2.	Your name and relationship to the claimant (e.g. mother, friend, social worker, doctor, landlord etc.):
3.	Your address, telephone number and email address:
4.	Reason(s) why you consider payments should be made to the landlord (Please provide all relevant details):
5.	If rent arrears have accrued – what amount is outstanding and what period does this cover? £ <input data-bbox="341 1776 619 1825" type="text"/> From: <input data-bbox="769 1776 1021 1825" type="text"/> To: <input data-bbox="1144 1776 1396 1825" type="text"/>

6.	<p>Has the claimant had previous problems maintaining rent payments? (Please provide details)</p>		
7.	<p>Has the claimant received help from a welfare or advice agency e.g. Citizens Advice Bureau? (Please provide details)</p>		
8.	<p>Is the claimant having deductions made from their income to repay other debts? (Please provide details)</p>		
9.	<p>How long do you think payments need to be made to the claimant's landlord?</p> <p>If you believe this should be a continuous arrangement, please give your reasons:</p>		
10.	<p>Declaration</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 claimant to make payments direct to their landlord. <p>I have read and understood the declaration:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Representative's or landlord's signature:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Date:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </td> <td style="width: 50%; vertical-align: top;"> <p>Representative's or landlord's name: (Please print)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Date:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </td> </tr> </table>	<p>Representative's or landlord's signature:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Date:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Representative's or landlord's name: (Please print)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Date:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Representative's or landlord's signature:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Date:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Representative's or landlord's name: (Please print)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Date:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
11.	<p>It is most important that you now tick (✓) overleaf to show which items of evidence you are providing in support of this application and ensure that you supply it.</p>		

Safeguard Grounds	Suitable sources of Evidence	✓
Learning disabilities	Letter from care/support provider Letter from doctor Letter from social worker	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Medical conditions e.g. physical illness or disability, mental health or age related issues	Letter from doctor Letter from hospital Letter from social worker	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cannot read or speak English	Letter from support organisation stating that arrears/debts have occurred as a result of not understanding correspondence	<input type="checkbox"/>
Addiction to drugs, alcohol or gambling	Letter from care/support worker Letter from doctor Letter from hospital Letter from social worker	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Claimant has experienced recent changes that has meant they need additional support in managing their financial affairs e.g. bereavement, fleeing domestic violence, period in hospital	Letter from care/support worker Letter from doctor Letter from hospital Letter from probation officer Letter from advice/welfare agency	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Severe debt problems e.g. undischarged bankrupt, County Court Judgment, inability to open bank account	Court Order/letter from solicitor Letter from bank Letter from advice/welfare agency Evidence showing that DWP are paying benefit direct to utility company	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tenant has history of homelessness	Letter from Council's housing advice officer or homelessness team Letter from advice/welfare agency	<input type="checkbox"/> <input type="checkbox"/>
Rent arrears	Rent book Letter from landlord showing full details of rent payments and arrears	<input type="checkbox"/> <input type="checkbox"/>

