Housing Benefit
Application for payments of Local Housing Allowance to be paid to the landlord

What is this form for?
The Benefits Service has to make all payments of Local Housing Allowance (LHA) to the tenant, but we can consider making payments to the landlord when the tenant will have difficulty managing their own affairs or is unlikely to pay the rent.

Who should complete this form?
The tenant should complete this form, but the following people can also complete it on behalf of the tenant:

- family or friends
- a carer
- an advice or welfare agency
- the landlord or letting agent
- another service within the council

Written evidence needs to be provided to support the information given in this form. This can be from various sources depending on a person’s individual circumstances.

Tenant’s first name:  Tenant’s last name:

Daytime phone number:  E-mail address:

Address of tenant:

Benefit claim number:

If you are completing this form on behalf of the tenant, please tell us your name and your relationship to the tenant:

Your name:  Relationship to the tenant:

Declaration: *Please delete as appropriate*

I declare that the information I have given in this form is correct and I authorise you to make enquiries to check any of the information or evidence I have provided.

I understand that you may need to contact the tenant/landlord/other* and that you will need to tell them about the information I have given you.

Signature:  Date:  /  /
Please tick the box or boxes that apply and provide the evidence required.

<table>
<thead>
<tr>
<th>Tick if applicable</th>
<th>Reason payment of LHA to the tenant is a problem</th>
<th>Examples of information and evidence required</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Unable to open a bank or building society account</td>
<td>Letters from banks, building societies and credit unions. Letters from debt/money advisors.</td>
</tr>
<tr>
<td>☐</td>
<td>This will help the tenant keep or get a tenancy</td>
<td>Letter from landlord or letting agent</td>
</tr>
<tr>
<td>☐</td>
<td>Cannot read, write or speak English</td>
<td>Written evidence from support organisations</td>
</tr>
<tr>
<td>☐</td>
<td>Addiction to drugs, alcohol or gambling</td>
<td>Written evidence from support organisations</td>
</tr>
<tr>
<td>☐</td>
<td>Fleeing domestic violence</td>
<td>Written evidence from women’s refuge, support organisations, care workers, social services</td>
</tr>
<tr>
<td>☐</td>
<td>Recent care leavers or receive help from a support organisation</td>
<td>Written evidence from care workers, social services, support organisations</td>
</tr>
<tr>
<td>☐</td>
<td>Mental health problems</td>
<td>Written evidence from care worker, GP, other qualified medical practitioners, social services, government departments</td>
</tr>
<tr>
<td>☐</td>
<td>Just left prison following a long sentence</td>
<td>Written evidence from The Probation Service</td>
</tr>
<tr>
<td>☐</td>
<td>Severe debt problems or recent County Court Judgments</td>
<td>Letters from banks, building societies and credit unions. Letters from debt/money advisors or solicitors Copy of court order</td>
</tr>
<tr>
<td>☐</td>
<td>No experience of paying rent, or have difficulty in doing so</td>
<td>Written evidence from support organisations</td>
</tr>
<tr>
<td>☐</td>
<td>Undischarged bankrupt</td>
<td>Copy of court order</td>
</tr>
<tr>
<td>☐</td>
<td>Learning disabilities</td>
<td>Written evidence from care worker, GP, other qualified medical practitioners, social services, government departments</td>
</tr>
<tr>
<td>☐</td>
<td>None of the above apply, but payments of LHA will cause problems because:</td>
<td></td>
</tr>
</tbody>
</table>


Housing Benefit
BACS Payments

To have your Housing Benefit paid direct to your bank or building society account by BACS transfer, please fill in this form.

Unfortunately, we are not able to pay into some accounts, such as Individual Savings Accounts (ISAs), Post Office Card Accounts and some Savings Accounts. If you are not sure about the account you want to use, please ask your bank or building society.

If you close your account, or change bank accounts, please tell us as quickly as possible, or your payments could be delayed.

First name: ____________________________  Last name: ____________________________

Daytime phone number: ____________________________  E-mail address: ____________________________

Address: __________________________________________

Postcode: ____________________________

Benefit claim number or landlord reference: ____________________________

Are you a:  Tenant ☐  Landlord ☐

If you are the landlord, please tell us your tenant’s name and address on the back of this form.

Name of your bank or building society: ____________________________

Address of your bank or building society: __________________________________________

Postcode: ____________________________

Please turn over
Names as they appear on the account:

Branch sort code: — —

Account number:

Building society account/roll number:

If you are the landlord, please tell us the name and address of the tenant:

Tenant’s first name:

Tenant’s last name:

Tenant’s address:

Postcode:

Your signature:

Date: / /