

A claim form for Local Housing Allowance to be paid to landlord

Name _____
Address _____

Office Stamp
Office use only
Claim reference number if known

Application for payment of Local Housing Allowance to your landlord

What is this form for?

Normally we will pay Local Housing Allowance to you. But in some cases we can pay Local Housing Allowance to your landlord on your behalf, for example where you are likely to have difficulty in managing your own financial affairs.

You may not need to answer all the questions in this form but please try to give as much information as you can.

Please send us any proof we have asked for.

The information you give on this form will help us to decide if it is appropriate to pay your landlord. By filling in and signing this form you authorise us to pay your Local Housing Allowance to your landlord.

Who should fill in this form?

Where possible you, the tenant, should fill in the form but you can ask someone to fill it in for you. It could be:

- family or friends
- your main carer
- a support worker
- an advice centre or welfare agency ie. Citizens Advice Bureau or Welfare Rights Advisor
- the landlord or letting agent
- a person who works for another service within the Council. ie. Money/Debt Advisor

You must always sign the form. If you cannot sign the form you need to tell us why in the Declaration.

About you (the tenant)

Surname or family name

Other names

Date of Birth N.I.No.

Address

Postcode

Phone number Code Number

Date of moving in / /

About your landlord

Landlord's name

Other names

Address

Postcode

Phone number Code Number

About the person who is filling in this form

Name of the person filling in this form

Are you the tenant? No Please tell us about yourself below.
Yes If yes go to question 1.

Name

Address

Postcode

Phone number Code Number

What is your relationship to the tenant?

About your rent

1. Do you/your partner have difficulty paying your rent? No
Yes

2. Do you/your partner have rent arrears? No
Yes Please tell us about this below.

How much are your arrears? £

What period do they cover? From / / To / /

Please send in proof of your arrears for example: a rent book, a rent statement or a letter for your landlord.

3. Has your landlord taken any action to recover the rent arrears? No
Yes Please tell us about this below.

What action has the landlord taken?

Court action

Notice of Seeking Possession

Notice to Quit

A letter

Set up a payment plan

Other - please specify

Please send in proof of your arrears (for example a copy letter issued to you)

4. Have you/your partner asked your landlord to reduce the rent? No
Yes **Please send us the reply from your landlord**

5. Have you/your partner had difficulty paying rent in the past? No
Yes Please tell us why you have had problems

6. Have you/your partner ever had action taken against you for rent arrears? No
Yes

About other bills and managing your money

7. Do you/your partner have enough money to meet all your essential expenses? Always Usually Rarely Never

8. How do you/your partner pay other essential bills?

Council Tax

Gas

Electricity

Water

9. Are you in arrears with any of the following?

	Yes	No	If yes how much?
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Catalogues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Please send in proof of your arrears

10. If you/your partner are short of money, what bills do you leave until later?

11. Do you/your partner have any money deducted from your:

- Income Support
- Jobseeker's Allowance
- Pension Credit

to pay arrears?

No

Yes If yes what is it for?

Tick the boxes that apply and send us proof of deductions

Council Tax

Gas

Electricity

Water rates

12. Have you/your partner ever been taken to court for not paying your bills?

No

Yes

13. How well do you/your partner think you manage your money?

14. Does anyone help you manage your money?

No

Yes If yes who is helping you?

15. Is there anyone else that can help you/your partner manage your debts?

No

Yes If yes please tell us about them

Name

Address

Postcode

16. Do you/your partner need help to deal with all your debts?

No

Yes

17. Do you/your partner have any savings?

No

Yes

18. How are you/your partner's benefits or wages paid? Cash, bank account, other.

About bank accounts

19. Do you/your partner have a bank account?

Yes

No What has stopped you from opening a bank account?

20. Would you like your LHA paid in to this account?

No

Yes If yes please confirm your sort code (6 digits long) and your bank account number (8 digits long)

Sort code

Account number

21. If you don't have a bank account would you like help to open an account so you can have your LHA paid in to it and set up a standing order or direct debit to pay your rent to your landlord?

Yes No

About the reason for LHA to be paid to the landlord

22. If you / your partner are having or likely to have problems managing your money and paying your rent, please tick all the boxes below that apply to you.

Reasons for paying LHA to the landlord	You must send in the proof as listed below	Please tick if proof provided
I / my partner have problems managing my / our money because of learning difficulties	<input type="checkbox"/> Written proof from care workers, your doctor, Social Services	<input type="checkbox"/>
I / my partner have a medical condition or mental health problem which makes it difficult to manage my / our money	<input type="checkbox"/> Written proof from care workers, your doctor, Social Services	<input type="checkbox"/>
I / my partner have serious difficulties reading and writing	<input type="checkbox"/> Written proof from support groups	<input type="checkbox"/>
I / my partner has difficulty speaking and understanding English	<input type="checkbox"/> Written proof from support groups	<input type="checkbox"/>
I / my partner am dealing with an addiction to drugs, alcohol or gambling	<input type="checkbox"/> Written proof from support groups, your doctor, Social Services, hospital.	<input type="checkbox"/>
I / my partner am escaping domestic violence	<input type="checkbox"/> Written proof from support groups, Social Services	<input type="checkbox"/>
I / my partner have recently been released from prison	<input type="checkbox"/> Written proof from the prison or Probation Service	<input type="checkbox"/>
I / my partner have severe debt problems	<input type="checkbox"/> Court Orders, CCJ's, proof from debt advisors, solicitors, creditors.	<input type="checkbox"/>
I / my partner am an undischarged bankrupt	<input type="checkbox"/> Copy of the Court Order	<input type="checkbox"/>
I / my partner am unable to open a bank account	<input type="checkbox"/> Letter from bank or money advisors	<input type="checkbox"/>
I / my partner have a history of rent arrears or homelessness	<input type="checkbox"/> Proof from support groups, homeless charities	<input type="checkbox"/>

We will need to see the proof as listed above. Without proof your payments will not be sent to your landlord.

Payment to your landlord

23. Do you think your Local Housing Allowance payments should be made directly to your landlord?

No

Yes Please give your reasons

24. How long do you think payments will need to be made to your landlord?

1 month

3 months

6 months

9 month

12 months

Longer than 12 months

Please tell us how and why

25. Please use this space to tell us anything else you think we might need to know
You can continue on a separate sheet of paper if you need to.

Declaration

Please read the declaration below and sign and date it. If you have a partner they should also sign below.

We use partner to mean:

- a person you are married to or a person you live with as if you are married to them, or
 - a civil partner or a person you live with as if you are civil partners.
-

- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I agree that my Local Housing Allowance be paid directly to my landlord, up to the amount of my contractual rent.
- I will contact the Housing Benefit Section should I feel able to receive my benefit directly.
- I have read and understood the declaration.

Your Signature

Date

Your Partner's Signature

Date

Declaration of the person filling in the form on behalf of the tenant

- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I believe it to be in the best interest of the tenant to pay the Local Housing Allowance, up to the amount of the contractual rent, directly to the landlord.
- I have read and understood the declaration.

Signature

Date

Name in full

More Information

If you need help with this form or want to know more about payments to your landlord you can

- Telephone this office 01642 726005
- Visit or write to us at Middlesbrough House, 50 Corporation Road, Middlesbrough TS1 2YQ
- Email housbens@servicemiddlesbrough.org
- Visit your local area housing office and ask to speak to a benefit advisor