

PAYMENT TO LANDLORD REQUEST FORM
(For completion by the tenant)

From April 2008, under the Local Housing Allowance (LHA) scheme, benefit payments will normally be sent direct to tenants.

If you think that receiving direct payments will cause you serious problems, please complete this form and return it to us, with the evidence we need.

Name: _____

Address: _____

Claim Ref: _____

Please tick the box or boxes that apply to you and provide the evidence required.

Reason direct payment is a problem	Evidence required
<input type="checkbox"/> I have learning disabilities that make it difficult to manage my finances.	Written evidence from Care Workers, your Doctor, Social Services, etc.
<input type="checkbox"/> I have a medical condition or mental health problem which makes it difficult to manage my finances.	Written evidence from Care Workers, your Doctor, Social Services, etc.
<input type="checkbox"/> I have serious difficulties with reading and writing.	Written evidence from Support Organisations.
<input type="checkbox"/> I do not speak English.	Written evidence from Support Organisations.
<input type="checkbox"/> I am dealing with addiction to drugs, alcohol or gambling.	Written evidence from Support Organisations, your Doctor, Social Services, Care Workers, Hospital, etc.
<input type="checkbox"/> I am fleeing domestic violence.	Written evidence from Support Organisations, Social Services, etc.
<input type="checkbox"/> I have recently been released from Prison.	Written evidence from the Prison or the Probation Service.
<input type="checkbox"/> I have severe debt problems.	Court Orders, County Court Judgements, evidence from Help Groups, Solicitors, creditors, debt advisers, etc.

<input type="checkbox"/> I am an undischarged bankrupt.	Copy of Court Order.
<input type="checkbox"/> I am unable to open a bank account.	Letters from banks or money advisers.
<input type="checkbox"/> I have a history of homelessness.	Evidence from Support Organisations, Homeless Charity, etc.
<input type="checkbox"/> None of the problems above apply to me, but direct payments will be difficult for me because:	
<hr/> <hr/> <hr/> <hr/>	
<hr/>	
<hr/>	
<hr/>	

Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

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.

Signature

Date

If this form has been completed by someone other than the tenant, please complete this declaration

I declare that, as far as possible, I have confirmed with the tenant that the information I have written on this form is correct.

Name of the person who filled in the form

Relationship to the tenant

Signature

Date

If you require any help in completing this form please contact;
Housing Benefits 01283 508425 or 508422

Customer Service Centre, Market Place, Burton upon Trent, Staffs. (Mon – Fri 9.00-5.00)