

Application for Direct Payments of Local Housing Allowance To your Landlord

1. Name of claimant and partner

2. Address of claimant

3. Person completing the form

4. Contact address

5. If the claimant is not completing the form, please tell us your relationship to them and the reason for completing the form on their behalf

6. Tell us about any learning disabilities that may cause you or any member of your family problems in paying the rent

7. Tell us about any physical disabilities or medical conditions that may cause you or any member of your family problems in paying the rent

8. Tell us about any mental health problems that you or your partner have that may hinder your ability to pay the rent

9. Are you or your partner coping with an addiction? e.g. alcoholism, substance misuse, gambling

10. Have you or your partner encountered difficulties in managing your affairs because you need assistance with understanding English or difficulty reading and writing

11. Please tell us about any recent changes that mean you need additional support, or if you anticipate needing any in the near future

12. Have you or your partner had any previous problems in making regular full rent payments?

13.

a. Do you currently have rent arrears? Yes No

b. How much are your rent arrears? £

c. What period do they cover? from to

d. Has your Landlord taken any of the following action to recover your rent?
(Please tick and send us proof of any action taken)

Court Action Notice of Seeking Possession Notice to quit

Letter Payment Plan

Other (please specify)

e. Have you asked your Landlord if he can reduce the rent? Yes No

14. Do you or your partner have other debts that you need help to resolve? Yes No

Please complete the Financial Assessment Form and tick the box if you wish us to make a referral to the Citizens Advice Bureau

15. Do you or your partner currently receive support from an agency, organisation, friend or family member to help you make rent payments? Yes No

If yes, please give the name of this person and their contact address:

If you do not receive any help or support and would like us to put you in touch with council services that could help you, please tick this box

16. How long might you need payments to be made to the Landlord?

12 weeks 26 weeks 52 weeks

If longer, please specify and tell us why?

17. Are you or your partner having deductions made from your other income, such as DWP benefits to help repay debts?

Tenant's Declaration

- The information given is true and correct
- I am happy for my Local Housing Allowance to be paid directly to my Landlord up to the contractual rent
- I will contact the Benefits Service should I feel I am able to receive my benefit directly
- If I have completed the Financial Assessment form, I authorise you to send a copy of this to the CAB
- If you have provided evidence to support this application, I authorise you to contact the relevant person/agency to seek any clarification required.

I have read and understood the declaration

You Your Partner

Date:

PLEASE REMEMBER TO INCLUDE DOCUMENTARY EVIDENCE WHERE POSSIBLE TO SUPPORT YOUR REQUEST

Person completing the form, if you are not the tenant

- The information given is true and correct
- I believe it to be in the best interest of the tenant to pay Local Housing Allowance directly to their landlord

I have read and understood the declaration. Please sign and date the form below:

Name Signature Date

Please return this form, together with documentary proof to support the information provided to:

Revenues & Benefits, Council Offices, Broadway, Sandown, Isle of Wight, PO36 9EA