

# Application for payment of Local Housing Allowance to your landlord

## What is this form for?

The Local Housing Allowance will normally be paid to you. However there are circumstances when we can pay the Local Housing Allowance to your landlord on your behalf. The information you give in this form will help us to decide if it is appropriate to pay your landlord. You may not need to complete all the questions in the form but please try to give as much information and evidence as possible.

**We may need to invite you in for an interview in order to make a decision on your request**

## What should be sent with this form?

You should include written evidence to support the information contained in this form. The written evidence may come from one or more of the following parties:

- Welfare groups
- Care workers
- Social Services
- Department for Works and Pensions (DWP)
- General Practitioner (GP)
- Hospital
- Courts
- Probation Officers
- The tenants' family and friends
- Landlord or letting agent

Please note this list is not exhaustive and evidence from other sources may also be accepted.

## Who should complete this form?

Where possible the tenant should complete the form but it can also be completed by

- Family or friends
- The main carer
- A support worker
- An advice or welfare agency
- The landlord or letting agent
- A person who works for another service within the Council

The tenant must always sign the form and be fully aware that it may lead to payment of the Local Housing Allowance being paid to the landlord to contribute to the rent.

1. Name of the tenant

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Housing Benefit reference number  
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2. Address and **telephone number** of the tenant

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3. Name of the person completing the form (if not the tenant)

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4. Contact address and telephone number if the above is not the tenant

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5. If the tenant is not completing the form please tell us your relationship to the tenant and the reason why you are completing the form on their behalf

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6. Tell us about any learning difficulties that may cause you problems in paying your rent

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7. Tell us about any medical conditions or disabilities that may cause you difficulties in paying your rent

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8. Tell us about any mental health problems that may hinder you paying your rent

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9. Are you dealing with an addiction to drugs, alcohol or gambling? If yes please give details

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10. Have you encountered difficulties managing your affairs because you need assistance with understanding the English language? If yes please give details.

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11. Have you recently experienced changes in your lifestyle that mean you are temporarily unable to deal with your financial affairs? If yes please give details.

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12. Do you have rent arrears? Yes  No  if yes please tell us

How much are your rent arrears? £.....

The period they cover from ..... to .....

Has your landlord taken any action to recover the rent arrears i.e. Court action, Notice of seeking possession, Notice to quit, sent you a letter, set-up a payment plan, other, please specify and provide any proof of action taken.

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13. Have you had any previous problems paying your rent? If yes please give details.

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14. Are you having deduction made from your Income Support or Job Seekers Allowance to pay rent arrears?

Yes

No  please provide proof

15. Do you currently receive any ongoing support from an agency that can help you organise your rent payments and finances? If yes, please give details

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16. Is there anyone else that can help you to manage your financial affairs? If yes, please give details

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17. Landlord Details

Name: .....

Address: .....

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18. Details of bank account for payments

Name: .....

Sort Code: .....

Account Number: .....

19. Tenant's declaration

Please sign and date the form below. If you have a partner they should also sign below

- The information given in this form is true and correct.
- I agree for my Local Housing Allowance to be paid directly to my landlord, up to the amount of my contractual rent.
- I will contact the Housing Benefit department should I feel able to receive my benefit directly.
- I have read and understood the declaration.

Your signature ..... Your Partner .....

Date .....

20. Declaration for person completing the form, if not the tenant.

If the tenant has not signed this form please give the reason why.

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- The information is true and correct.
- 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 understand the declaration.

Name ..... Signature .....

Date .....

**Please return this form to –**  
Housing Benefits Preston City Council  
Town Hall  
Lancaster Road  
Preston

**Telephone:** 01772 906033

**Email:** [benefits@preston.gov.uk](mailto:benefits@preston.gov.uk)