

LOCAL HOUSING ALLOWANCE



Request for Payment to Landlord or Managing Agent

Local Housing Allowance payments will normally be sent direct to the customer. If you think this will cause serious problems, please fill in this form and return it to us with the supporting evidence asked for.

Customers Name:	
Customers Address:	
Postcode:	
E-Mail Address:	
Phone Number:	
	You do not have to tell us this number, but it may help us to deal with your request more quickly

If you are filling this form in for the customer, please complete the following section:	
Your Name:	
Your Address:	
Relationship to tenant (Such as landlord, relative, friend, social/care worker):	
E-Mail Address:	
Phone Number:	
	You do not have to tell us this number, but it may help us to deal with this request more quickly

If you have a Support, Care or Social Worker and they have not filled this form in for you, please complete the following section.	
Note: where we are able to contact your Support, Care or Social Worker directly, it may help us deal with your request more quickly.	
Name of Support, Care or Social Worker:	
Who do they work for:	
Phone Number:	

Why do you want your Local Housing Allowance paid to your landlord? (tick all that apply)	Evidence you must send to us
<input type="checkbox"/> I have a Learning Disability	Letter from Social Worker, Support Worker or Doctor
<input type="checkbox"/> I have a Medical/Mental Health Condition	Letter from Doctor, Hospital or Community Psychiatric Nurse (CPN)
<input type="checkbox"/> I have difficulties with Reading, Writing or Numeracy	Letter from Support Worker or Community Group
<input type="checkbox"/> I am unable to speak or have difficulty speaking/ understanding English	Letter from Support Worker or Community Group
<input type="checkbox"/> I am recovering from or have an ongoing addiction to Alcohol, Gambling or Drugs	Letter from Doctor, Hospital or Support/Case Worker
<input type="checkbox"/> I have debt problems, I have deductions taken from my income and/or a Poor Credit History	Letter from Creditors, Citizens Advice Bureau (CAB) or another money advisor, Credit Report, letter from Department for Work and Pensions (DWP) or Job Centre plus showing deductions
<input type="checkbox"/> I am an Un-discharged Bankrupt	Bankruptcy Court Order, Solicitors Letter or Bankruptcy Restriction Order
<input type="checkbox"/> My bank account is overdrawn and/or bank charges are being applied to my account	Bank Statements dated within last 4 weeks or letter from bank
<input type="checkbox"/> I have a history of not paying rent and/or homelessness	Proof of rent arrears from landlord and letters showing attempts to collect Provide addresses of previous tenancies where arrears accrued Details of the council and/or organisation that assisted you with re-housing after period of homelessness
<input type="checkbox"/> I have deductions taken from my income related benefits for rent arrears	Letter from Department for Work and Pensions (DWP) or Job Centre plus showing deductions
<input type="checkbox"/> I have recently been released from Prison or I am fleeing Domestic Violence	Letter from Domestic Violence or Probation Officer
<input type="checkbox"/> This is my first tenancy and/or I am a Care Leaver or Young Vulnerable Adult	Letter from Help Group or Support /Social Worker

Please make sure you send us the supporting evidence we have asked for above. If you cannot send this to us, we will need a letter from a friend or family member to say why you want us to pay your landlord.

To help us make a decision you must also answer the questions in this section:

QUESTION	ANSWER
If we send you the Local Housing Allowance what would stop you paying the rent to your landlord?	
How long have you been unable to look after your money?	
Does anyone help you look after your money? If yes, tell us who helps you and how?	
How do you pay other household bills, such as gas/electric, phone and water?	

We may decide that the Local Housing Allowance should be paid to you, the customer. You must therefore fill in the following section with details of the bank/building society account you would like us to make these payments to.

If you do not have an account we will make payments to you by cheque.

Note: Local Housing Allowance can not be paid into Post Office accounts.

Bank/Building Society Name:													
Branch Address:													
Name on Account:													
Sort Code:			-			-							
Bank Account Number:													
Building Society Account/Roll Number:					-								

Declaration:

Please read carefully the declaration below, before you sign and date it.

- **I declare** that the information I have given on this form is correct and complete.
- **I agree** that if my application is approved, my Local Housing Allowance will be paid directly to my landlord. I will also contact the Benefits Section, if at a future date I feel able to receive my benefit directly
- **I have read and understood the declaration.**

Signature of customer

Date:

Declaration of the person filling in the form other than the customer:

- **I declare** that the information I have given on this form is correct and complete.
- **I believe** it to be in the best interest of the customer, to pay the Local Housing Allowance directly to the landlord.
- **I have read and understood the declaration.**

**Signature of the person
filling in the form.**

Date:

You can take the completed form and supporting evidence to one of our offices, or you can post it to us at the address shown below:

Durham County Council
Revenues and Benefits
PO Box 238
Stanley
County Durham
DH8 1FP

If you are having difficulty filling in the form, getting some or all of evidence or you have any questions please contact Customer Services on telephone number 03000 262000

IF YOU DO NOT SEND US ANY EVIDENCE WE MAY NOT BE ABLE TO CONSIDER YOUR REQUEST