

Application for direct payments of Local Housing Allowance to your landlord

What is this form for?

The Benefits Service has to make all payments of Local Housing Allowance (LHA) directly to you, but we can make payments directly to your landlord where you have difficulty managing your affairs.

The information you provide in this form will help the Benefits Service decide whether it is appropriate to pay LHA directly to your landlord. You may not need to complete all the questions, as each case will be different, but try to give as much information and evidence as possible.

Complete the Financial Assessment form if you have multiple debts and would like us to consider this when making our decision or if you would like us to put you in touch with the Citizens Advice Bureau (CAB). You can contact the Brighton & Hove CAB Money Advice Service directly on **01273 223951**. We may also use the information you provide to put you in touch with other Council Services who may be able to offer additional support.

Who should complete this form?

This form should be completed by the tenant, but it can also be completed on behalf of the tenant by:

- family or friends
- main carer
- an advice or welfare agency
- the landlord or letting agent
- another service within the council

The tenant must always sign the form, and be fully aware that it may lead to their benefit being paid directly to the landlord to pay towards their rent.

For ease, all the questions are asked in the first person.

What should be sent with this form?

Written evidence needs to be provided to support the evidence given in this form. This can be from various sources depending on a person's individual circumstances, for example:

- the tenants':
 - family and/or friends
 - landlord
 - General Practitioner (GP)
 - Probation Officer
 - Social Worker
 - main carer
- Welfare Groups
- Department for Work and Pensions (DWP)

Please note this list is not exhaustive.

For office use:

Claim ref:

Date Issued:



Brighton & Hove
City Council

1 Name and daytime contact number of tenant

2 Address of tenant

3 Person completing the form

4 If the tenant is not completing the form, please tell us your contact address and telephone number

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

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

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

8 Tell us about any mental health problems that may hinder your ability to pay your rent

9 Are coping with an addiction eg alcoholism, substance misuse, gambling?

10 Have you encountered difficulties in managing your affairs because you need assistance with understanding English?

11 Please tell us about any recent or impending changes that mean you need additional support. Please include any relevant dates.

12 Have you had any previous problems in maintaining rent payments?

13 If your landlord charges you more rent than the benefit you get, would they consider reducing it if they received the benefit directly?

14 a Do you currently have rent arrears? Yes No

b How much are your rent arrears £

c What period do they cover? 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

a letter a payment plan

Other (please specify)

e Have you asked your landlord if they can reduce the rent? Yes No

15 If you have other debts that you need help to manage, we can send your details to the Citizens Advice Bureau's (CAB) Money Advice Service and they will contact you separately. If you have a Social Fund loan we may be able to negotiate with the Department for Work and Pensions (DWP) to reduce your repayments. Please ensure you complete the Financial Assessment form (FAF) on page 5 and tick the boxes below:

Please send a copy of my FAF to the CAB

Please send a copy of my FAF to the DWP

16 Do you currently receive support from an agency, organisation, friend or family member to help you to 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

17 Are you having deductions made from your other income, such as DWP benefits to help repay debts? (If so, please give details below, ie type of debt being recovered and amount)

18 How long do you think you will need payments made directly to your landlord?

12 weeks 26 weeks 52 weeks

If longer, please specify and tell us why?

Please give details your landlord's name and address and contact number:

Please give us details of how to pay your landlord eg Bank account details or by cheque:

Sort code

Account number

Extra details (for Building Society Accounts)

19 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 to pay towards my 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 / DWP

I have read and understood the declaration.

Please sign and date the form below (if you have a partner they should also sign below)

You

Your Partner

Date

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

20 Person completing the form, if 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:
The Benefits Service, Brighton & Hove City Council, PO Box 2929, Brighton, BN1 1PS

Financial Assessment Form

Your weekly income	You	Partner
Net earnings from employment		
Income Support/Jobseekers Allowance		
Working Tax Credit/Child Tax Credit		
Housing Benefit		
Council Tax Reduction		
Child Benefit		
Pension Credit/Retirement Pension/Works Pension		
Any other state benefit		
Money received from parents/friends		
Any other income (please state source)		
Total weekly income (A)		

Your weekly outgoings (please convert any monthly outgoings to weekly figures)		Arrears if any
Rent		
Council Tax		
Electricity		
Gas		
Water rates		
TV Licence/rental		
Telephone		
Food		
Household products		
Clothing		
Car/transport		
Maintenance		
Fines		
Other outgoings (please say what they are)		
Total weekly outgoings (B)		
Weekly income less weekly outgoings (A LESS B)		

Loans & other credit debts	Balance owing	Offer of repayment (if any)
Credit debts		
Name of creditor		
1		
2		
3		
4		
5		
6		
7		
8		
	Total monthly or weekly repayments	

Please use this space for any additional information

How we collect and use information

This authority is under a duty to protect the public funds it administers. We may check information that you provide, or information provided by a third party with other information we hold to check the accuracy of information; to prevent or detect crime; and to protect public funds in other ways, as permitted by law.

We may also share this information with other council departments or bodies administering public funds for these purposes. We may also use this information to put

you in touch with council services that may be able to help you. We will not disclose information about you to anyone, unless the law permits us to.

The council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about the information we have about you, or the way we use your information please write to the council's Data Protection Officer, Hove Town Hall, Norton Road, Hove.