

**Confidential**

**Sefton Council** 

## **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. It is the intention of the Government that tenants take greater responsibility on how to spend their income, which includes payment of rent.

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. However, if we decide to pay your landlord this will be reviewed after a short period. This will give you time to set a bank account, and/or set up standing order or Direct Debit 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.

### **Who should complete this form?**

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

- Family or friends
- A support worker
- An advice or welfare agency
- The landlord or letting agency
- Customer Service Advisor/ Visitor – Sefton Benefits Service.

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 cover the rent.

If the tenant has not signed the form the reasons why must be provided in the declaration.

### **What should be sent with this form?**

Written evidence to support the information in this form, this can be from various sources depending on the person's circumstances, for example.

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

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

**Your details:**

Name:	Date of birth:
Address:	
Postcode:	Phone number:
Date you moved in:	Claim Reference:

**Your Landlord's details:**

Landlord's name:	
Landlord's Address:	
Postcode:	Phone number:

**Tell us below who is completing this form:**

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**If the person completing this form is not the tenant, please give the following details about the person who is completing the form:**

Name:	Phone number:
Contact address:	
How are you related to the tenant?	
What is the reason for you completing this form on behalf of the tenant?	

**About Rent Arrears:**

Do you have any rent arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much are your rent arrears?	£
What period do these arrears cover?	____/____/____ to ____/____/____

Has your landlord taken any action to recover these rent arrears?  
(Please tick any of the following that apply and send proof of any action taken)

Court Action       Notice seeking possession       Notice to quit

A letter       Set up a payment plan

Other  (say what)

Have you asked your landlord if they will reduce the rent?  
(If yes, please send us details of your landlord's reply)

Yes       No

**Problems paying your rent:**

If you have had any previous problems paying your rent, please give details and reasons for this and send proof where possible:

**About your ability to pay your own rent:**

Do you feel able to receive your LHA and pay your own rent?

Yes       No

If no, explain the reasons why not:

Why does this mean you would be unable to pay your own rent?

**About bank accounts:**

Do you have a bank account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How do you receive your wages or other benefits?	
Do you have any savings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you don't have a bank account, tell us what has prevented you opening one:	
Please supply evidence where possible	

**About how you manage your money:**

Do you have any of the following?
<input type="checkbox"/> Switch/Delta or other debit card <input type="checkbox"/> Credit card <input type="checkbox"/> Cheque Book
<input type="checkbox"/> Standing orders <input type="checkbox"/> Direct debits
Tell us about any problems you are having with these and what you are doing to resolve them:
Please supply evidence where possible

**About your other priority outgoings:**

How do you pay the following bills:
Council Tax _____ Electricity _____
Water rates _____ Gas _____
How do you compare paying these bills to paying your rent?

**Paying your landlord:**

If LHA is paid to you, how will you pay your landlord?
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**About how much money you have:**

Do you have enough money to meet all of your essential expenses...
Always <input type="checkbox"/> Usually <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/>
If you are short of money, which bills do you leave until later?

**About court action for non-payment of bills:**

Have you ever been taken to court for not paying bills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please tell us about the reasons and the outcome:		

Please supply evidence where possible

**Evidence supporting your request:**

What evidence do you have to support your request for direct payment to be made to your landlord?
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The evidence should be submitted with this form where possible

**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..... Partner's signature .....

Date .....

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

If the tenant has not signed this form please give the reason why on page 2.

- 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 understood the declaration.

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

Date .....

**Further information:**

If you have any enquiries or need any help understanding this form please contact us as follows:

**Telephone** 0151 934 4328

**One Stop Shops** 324-342 Stanley Road, Bootle or Cambridge Arcade, Southport

**Email** lhaenquiries@finance.sefton.gov.uk

**Website** www.sefton.gov.uk/benefits

This document can also be provided in large print or audio format on request.