CUSTOMER ACCOUNTS – PAYMENT TO LANDLORD REQUEST



Local Housing Allowance

Central Bedfordshire Council

Watling House
High Street North
Dunstable
Bedfordshire
LU6 1LF

Please complete this form and return it to the address above to:

• request that Housing Benefit payments are paid directly to your landlord.

If you have any questions about this form, please contact us:

Telephone 0300 300 8306 Email customer.accounts@centralbedfordshire.gov.uk www.centralbedfordshire.gov.uk

Section 1 – About the Tenant				
Surname or family name				
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Other names				
Address				
Phone number				
NI Number				
Claim reference				

Section 2 – About the Landlord								
Landlord's name								
Landlord's address								
Phone number								
Section 3 – Reason for paying LHA to the landlord								
If you or your partner are having or likely to have problems managing your money and paying your rent, please tick all the boxes below that apply to you.								
Reason for pa	aying to the landlord		Proof we need to see					
I/my partner am eight weeks or more in arrears with the rent			Written proof from landlord, rent statement / rent book showing arrears or Eviction notice / court documents confirming arrears					
	ve problems managing of learning difficulties		Written proof from care workers, your doctor or Social Services					
I/my partner have a medical condition or mental health problem which makes it difficult to manage money			Written proof from care workers, your doctor or Social Services					
I/my partner have serious difficulties reading and writing			Written proof from support groups					
I/my partner have difficulty speaking and understanding English			Written proof from support groups					
I/my partner am dealing with an addiction to drugs, alcohol or gambling			Written proof from support groups, your doctor, Social Services or hospital					
I/my partner am escaping from domestic violence			Written proof from support groups or Social Services					
I/my partner have recently been released from prison			Written proof from the prison or probation service					
I/my partner have severe debt problems			Court orders, CCJ's, proof from debt advisors, solicitors or creditors					
I/my partner am an undischarged bankrupt			Copy of the court order					

I/my partner am account	unable to open a b	ank Let	ter from bank o	r money advisors		
I/my partner hav	ve a history of rent elessness		ter from suppor neless charities	•		
Other reason		Ple	ase tell us abo	ut this below		
I	Please continue on	a separate she	eet of paper if y	ou need more space.		
	Sect	ion 4 – Declai	ation			
Declaration of						
Even if someone else has filled in this form for you, you must sign this declaration if you can.						
 I declare that the information I have given on this form is correct and complete as far as I know and believe. 						
•	nat you may ask any any information whic		•	ns mentioned on this equest.		
By filling in a signing this form you authorise us to make payment of your Local Housing Allowance to your landlord.						
Your signature			Date			
Declaration of	the person filling i	n the form on	behalf of the	tenant		
I declare that, as far as possible, I have confirmed with the tenant that the information I have written on this form is correct.						
Your signature			Date			
Your name in full						
Your phone number		Your relations to the tenant	ship			

Section 5 – Sharing information with your landlord

Sharing information with your landlord or letting agent can sometimes help us to deal with your claim more quickly.

If you give us permission we would be able to inform your landlord or letting agent whether:

- You have claimed Housing Benefit, or
- We have made a decision on your claim, or
- We need more information to finalise your claim.

We will not give your landlord or letting agent any information about your personal circumstances or your financial situation.

It will not affect your claim if you do not give us permission to speak to your landlord, and if you give permission now you can change your mind at any time by contacting us.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission. But under the Data Protection Act 1998, we need your permission to discuss anything else with them.

Your name					
Your address					
Claim reference					
		at Central Bedfo ress of my claim		sion to share ting agent named	
Name of Landle Letting Agent	ord /				
Address of Lar Letting Agent	ndlord /				
Your signature			Date		