



**Application for direct payments of Local Housing Allowance to your Landlord**

**[BEN:FullName]  
[addressee.fulladdress]**

**FOR OFFICE USE:**  
**Claim Ref: [BEN:ClaimReference]**  
**Issued: [sysdate]**

## Direct Payment to Landlord Request Form

From April 2008, under Local Housing Allowance (LHA) Scheme, benefit payments will normally be sent direct to tenants.

If you think that receiving direct payments will cause you serious problems, please complete this form and return it to us, with the evidence we need.

Please return to: Benefits and Council Tax Team, PO Box 18015, Glenrothes KY7 5YJ

Telephone No: 03451 551155

	<b>Reason direct payment is a problem for the claimant</b>	<b>Examples of Evidence that can be provided</b>
	Learning Disabilities	Written evidence from Doctor, Social Worker, Support Worker etc.
	Medical Condition i.e. Dementia, terminal illness etc.	Written evidence from Doctor, Support Worker etc.
	Addicted to drugs, alcohol or gambling	Written evidence from Support Groups, Social Services, Care Workers, etc.
	Serious problems reading and writing	Written evidence from Support Groups
	Does not speak English	Written evidence from Support Groups
	Fleeing domestic violence	Evidence from Support Groups, Social Services etc.
	Recently been released from prison	Written evidence from the Prison or the Probation Service

	Severe debt problems	Written evidence from Debt Advisors, Solicitors, Creditors etc.
	Undischarged Bankrupt	Letter from Trustees, Court Orders etc.
	Unable to open a bank account	Letters from banks or Money Advisor
	History of homelessness	Written evidence from Support Groups, Homeless Section etc.
	History or non-payment of rent	Rent records and letters proving attempts to collect money or evidence from a previous landlord
	The tenant is more than 8 weeks in arrears with their rent	Rent records and letters proving attempts to collect money  Rent Arrears: £ Rent Charge: £ Period from:                      to:  Frequency (4 weekly/Monthly):
	None of the above apply but direct payments will cause problems because/or anything else you would like us to consider	<hr/> <hr/> <hr/> <hr/> <hr/>

**This section must be filled in if someone else completed the form for you.**

**Name of person who filled in form:** .....

**Relationship to you:** ..... **Telephone No:** .....

**Signature** ..... **Date** .....

## Declaration

**Even if someone else filled in the form for you, you must sign the declaration.**

**I declare that the information I have given in this form is correct and I authorise you to make enquiries to confirm any of the information or evidence I have provided.**

**Signature** ..... **Date** .....