

# 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 to 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. You can contact the CAB Money Advice Service directly on 0870 – 1264019. 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 cover their rent.

## 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 of Work & Pensions

### FOR OFFICE USE

Claim ref:

Date Received:

Please note this list is not exhaustive. Refer to the guidance notes for further advice on what is acceptable evidence.

## How we collect and use information

The 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, Royal Borough of Kingston, Guildhall, Kingston upon Thames, Surrey, KT1 1EU.

## Guidance Notes

- Local Housing Allowance (LHA) payments will be made directly to tenants. However, you can have payments made to your landlord in special circumstances.
- If you feel that you could have problems keeping up your rent payments and it would be easier for you if your landlord was paid directly, please complete this form. You can fill it in yourself or if you can't manage, someone else can help you. See the front of the form for details of who can help.
- For ease all questions are asked in the first person.
- The Benefits Service will use this information to make a decision. Tell us as much information as possible and provide relevant evidence so that we can make a quick decision. In some cases it may be necessary to gather further evidence or interview you and/or your representative.
- We will notify you and anyone else affected of our decision and of the right of appeal.
- Where we decide to pay your landlord, the landlord will only receive LHA up to the amount of the contractual rent. If there is any excess, this will be paid to you.

## How to complete the form

- Make sure your name and address where you are claiming benefit and applying for direct payment of LHA to your landlord is completed clearly.
- The name of anyone completing the form on your behalf or helping you complete it should be clearly stated. We need to know their address and whether they are from a statutory or voluntary agency, as we may need to contact them directly.
- Please also tell us about the relationship you have with the person completing the form and the reasons they are filling in the form for you.

### 1. Tell us about any learning disabilities that may cause you problems paying your rent.

This is likely to be for people with slight learning difficulties; those with severe disabilities should have appointees. The way learning disabilities affect people's lives varies greatly. You may find it harder to learn and understand how information fits into a bigger picture. You may experience difficulties with everyday practical skills like cooking or using public transport, or social skills like holding a conversation. In some cases like these, it may be appropriate to pay benefit directly to your landlord so that you don't get into rent arrears.

### 2. Tell us about any physical disabilities or medical conditions that may cause you problems paying your rent.

Physical disabilities vary enormously, and it may only be in a few cases that it affects how a person manages their affairs. For example, a severe impairment in both your sight and hearing may mean you have additional problems with communication, mobility and access to information. You may need to remain close to medical equipment. Similarly, some disabilities may be encountered when you go out or try to access public buildings. You may also have physical problems because of your age.

### 3. Tell us about any mental health problems that might make it difficult for you to pay your rent.

Some people coping with mental illness may be less able to manage their financial affairs and may feel that organising rent payments are too much to cope with. You may only require additional help from the Benefits Service for a short time whilst receiving assistance from other support networks and/or medication.

#### The most common forms of mental illness include:

- |               |                                 |  |
|---------------|---------------------------------|--|
| • Anxiety     | • Eating Disorders              | • Manic Depression<br>(Bipolar Disorder) |
| • Phobias     | • Schizophrenia                 | • Depression                             |
| • Alzheimer's | • Obsessive Compulsive Disorder | • Postnatal Depression                   |
| • Dementia    | • Personality Disorders         |  |

## Guidance notes continued

### 4. Are you coping with an addiction?

Someone who is experiencing (or has a history of) addiction, for example to alcohol, drugs or gambling, may find it difficult to prioritise their outgoings. Therefore, it may be more helpful to pay your benefit directly to your landlord.

### 5. Please tell us about any recent changes that mean you need additional support, or if you anticipate any in the near future?

There may be times where you have experienced, or are about to experience, a change in your life which means you need additional help over a short period of time. This could be in terms of bereavement, a relationship breakdown (possibly violent), coming out of hospital after an operation, going into hospital or a terminal illness of a close relative.

### 6. Have you had any previous problems in maintaining rent payments?

You may have fallen into rent arrears in the past which has led to eviction and possibly homelessness. If you feel there is a risk of this happening again and are receiving support to sustain your current tenancy, please give us details. We can help you keep your rent payments up to date by paying your LHA to your landlord. If possible, please provide evidence of the previous eviction, homelessness or rough sleeping.

### 7. Do you currently have rent arrears?

Please give us details of any rent arrears that you currently owe. Provide evidence of any action taken by the landlord to recover these debts, e.g. eviction notice or a rent arrears letter.

### 8. Do you currently receive ongoing support from an agency, organisation, friend or family member to help you to make rent payments?

Support from various organisations is available to many people to help with basic skills. Please advise us whether you receive any support or care packages.

### 9. Are you having deductions made from your other income, such as DWP benefits to help repay debts?

The Department of Work and Pensions (DWP) can make deductions from your benefit for rent arrears, Council Tax or utility debts. Please provide evidence if this is happening to you.

### 10. How long might you need payments to be made to the landlord?

Please indicate whether you would expect the payments to the landlord to be a temporary or permanent arrangement. For example, it could only be while you are in hospital or until other priority debts have been repaid.

### Declaration

Make sure you sign and date the form, if you have a partner make sure they sign it too. By signing the form you are accepting that the information you have provided may lead to your benefit being paid to your landlord. We may share some of this information with other sections of the Council, or the Department of Work and Pensions. If someone has completed the form on your behalf, they must also sign the form.

## Person completing the form, if not the tenant

Name of tenant	<input type="text"/>	Person completing the form	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>		
Address of tenant	<input type="text"/>	Contact address and telephone number, if the above is not the tenant	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Tel	<input type="text"/>	Tel	<input type="text"/>

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

## Please provide the following information

1. Tell us about any learning disabilities that may cause you problems paying your rent

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

3. Tell us about any mental health problems that might make it difficult for you to pay your rent

4. Are you coping with an addiction e.g alcoholism, substance misuse, gambling? Yes  No

5. Please tell us about any recent changes that mean you need additional support, or if you anticipate any in the near future?

## Please provide the following information

6. Have you had any previous problems in maintaining rent payments? Yes  No

7. Do you currently have rent arrears? Yes  No

How much are your rent arrears? £

What period do they cover?  
from  /  /  to  /  /

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)

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

8. 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.  
  
  
  
Postcode

9. Are you having deductions made from your other income, such as DWP benefits to help repay debts? Yes  No

10. How long might you need payments to be made to the landlord?  
12 weeks   
26 weeks   
52 weeks

If longer, please specify and tell us why?

## Declaration

- The information given is true and correct
- I am happy for my Local Housing Allowance to be paid directly to my landlord to cover the contractual rent
- I will contact the Benefits Service should I feel I am able to receive my benefit directly

I have read and understood the declaration.

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

Signature of person claiming  Date

Partner's signature  Date

If the form has been filled in by someone other than the person claiming

Name of the person who filled in the form

Signature of person  Date

# Financial Assessment Form

Only complete this section if you have multiple debts and would like us to take this into consideration when making our decision.

## Your weekly income

### You

### Your partner

Net earnings from employment

£

£

Income Support/Jobseekers Allowance

£

£

Working Tax Credit/Child Tax Credit

£

£

Housing Benefit

£

£

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 amount of outgoings

(please convert any monthly outgoings to weekly figures)

### Arrears if any

Rent

£

£

Mortgage

£

£

Council Tax

£

£

Electricity

£

£

Gas

£

£

Water rates

£

£

TV Licence/rental

£

£

Telephone

£

£

Food

£

£

Household products

£

£

Clothing

£

£

Car/Transport

£

£

Maintenance

£

£

Fines

£

£

Satellite/cable subscription

£

£

## Financial Assessment Form cont.

Home/contents insurance	£	£
Life assurance/endowments	£	£
Other outgoings (please say what they are)	£	£
<b>Total weekly outgoings (B)</b>	£	£
<b>Weekly income less weekly outgoings (A LESS B)</b>	£	£

## Loans & other credit debts

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

Please use the space for any additional information

If you have difficulty understanding this document please contact  
The Guildhall Information Desk on 020 8547 5757

જો તમને આ દસ્તાવેજ સમજવામાં મુશ્કેલી  
પડતી હોય તો મહેરબાની કરી ગિલ્ડહોલ  
ઇન્ફોર્મેશન ડેસ્કનો સંપર્ક સાધો.

如果你看不懂此文件  
就請前往市政廳  
諮詢處詢問

"본 문서를 이해하는데 어려움이 있을 경우, 길드  
홀의 안내 창구에 문의 하십시오."

"এই দলিলটি বুঝতে আগনার  
অসুবিধা হ'লে "গিডহল" তথ্য  
অফিসের ("ইনফরমেশন  
ডেস্ক"-এর) সংগে  
যোগাযোগ করুন।"

## Useful Contacts for Support and Advice

### Department of Work and Pensions (DWP)

Job Seekers Allowance

Income Support

Incapacity Benefit

Maternity Allowance

Call: 0845 600 0148

Disability Living Allowance

Enquiries: 0845 7123 456

Carers Allowance

Enquiries: 0125 3856 123

Child Benefit

Enquiries: 0845 302 1444

The Pension Service

Enquiries: 0845 6060 265

Tax Credits

Enquiries: 0845 300 3900

### Independent Advice:

Kingston Citizen's Advice Bureau

0870 1264 019

[www.kcabs.org.uk](http://www.kcabs.org.uk)

CAB Money Advice Service

0870 1264 015

Age Concern New Malden

020 8542 8256

[www.ageconcernkingston.org](http://www.ageconcernkingston.org)

Kingston Housing Advice Service

020 8547 5468

Kingston Fraud Hotline

020 8547 5700

Please return this form, together with documentary proof to support the information provided to:

**Housing and Council Tax Benefit Office**  
Guildhall 2  
Kingston upon Thames  
Surrey KT1 1EU

If you have any queries or need help in completing this form, please contact

**Housing Benefit Customer Services**

020 8547 5198

Monday to Thursday 9am to 5pm

Friday 9am to 4.45pm

or visit

**Housing Benefit Reception**

Guildhall 2

Kingston upon Thames

Monday to Friday 9am to 4.30pm