

# Request for Direct Payment to Landlord

**Name & address**



[www.benefits-leaflets.org](http://www.benefits-leaflets.org)

**With the new Local Housing Allowance, payments will go directly to the claimant. If this will cause serious problems please complete this form and return it to the Dartford Borough Council, Benefits Section.**

If you rent your property from a private landlord you must fill in this form if you would like us to pay your benefit directly to your landlord. You must answer all questions and give us as much information and evidence as possible. We will use this information to decide who we pay. The decision to pay your landlord will be reviewed regularly.

Until a decision has been made, payments may be made to you to see how you manage making your own payments of rent. However, in cases where you do not have a bank account, payments will be made to the landlord for a period no longer than 8 weeks and then payments will be suspended until you provide bank details unless you are able to prove that you cannot obtain a bank account in which case payments will continue to the landlord.

This form should be completed by the claimant but can be completed on their behalf by:

- Family or friends
- Main carer
- An advice or welfare agency
- The landlord or letting agent

<b>Date form requested:</b>	<b>Date form issued:</b>	<b>Case reference:</b>
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**Please tell us if any of the following would cause you difficulties with paying your rent:**

- |                                                                            |                          |     |                          |    |
|----------------------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| Learning difficulties                                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Language difficulties                                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Physical disabilities                                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Mental health problems                                                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Fleeing domestic violence                                                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Unable to open a bank account                                              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Coping with addiction, for example alcoholism, substance abuse or gambling | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If you have answered 'Yes' to any of the above, please tell us how they would affect you paying your rent.

**Do you currently receive any support/ help in managing your finances?**

Yes     No

**If 'Yes' please tell us who helps you.**

**Do you have anyone who could help/support you to manage your finances?**

Yes     No

**If 'Yes' please tell us who can help you.**

**Do you currently have any rent arrears?**

Yes     No

**If 'Yes' please tell us how much and what period the arrears cover.**

**Have you previously had any difficulties in keeping your rent payments up to date?**

Yes     No

**If 'Yes' please tell us why.**

**Do you have multiple debts?**

Yes     No

**If 'Yes' please supply details.**

**Do you have anyone helping you manage these debts?**

Yes     No

**If 'Yes' who is helping you?**

**Are any deductions being made from your income to repay debts?**

Yes     No

**If 'Yes' please tell us how much and what income the deductions are being taken from.**

**Please use the space below to give us any further information in support of your request to pay benefit to your landlord.**

## Payment of benefit

### **Paid direct to your landlord's bank or building society account**

Benefit will be paid to your landlord four weeks in arrears

#### **Please give the following details**

Name and address  
of bank/building society

Bank account number

Bank sort code

OR

Building society  
account number

Building society  
roll number

Type of building  
society account

## Declaration

Declaration:

- The information I have given is true and correct
- I am happy for my Local Housing Allowance to be paid directly to my landlord to cover my contractual rent
- I will contact my local authority if my circumstances change and I feel I am able to receive my benefit directly

I have read and understood the declaration (this should be signed by the claimant).

**Signature of person claiming**

**Date**

## Forms filled in by someone other than the person claiming

*Please tell us why you are filling in this form for someone else.*

**Name of the person who filled in the form**

**Signature of the person**

**Relationship to the person claiming**