

### **What is this form for?**

- The Local Housing Allowance (LHA) is normally payable to the tenant.
- However there are special circumstances when we can pay the LHA directly to the landlord.
- The information given in this form will help us to decide if we should pay the LHA directly to the landlord in your case.
- 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
- The main carer
- A support worker
- An advice or welfare agency
- The landlord or letting agent
- A person who works for another service within the Council

The tenant must always sign the form and be fully aware that it may lead to payment of the LHA being paid direct to the landlord.

If the tenant has not signed the form, please explain why in the declaration at the end of the form.

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

Written evidence to support the information in this form, this can be from various sources (see information sheet), depending on the person's circumstances, for example:

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

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

1.	Tenant's name	
	Housing Benefit reference	
2.	Tenant's address	
	Telephone number	
3.	Name, address and telephone number of person completing the form – if not the tenant.	
4.	If the tenant is not completing the form please tell us your relationship to the tenant and the reason you are completing the form on his/her behalf.	Relationship:
		Reason for completing the form:

#### Details about the tenant's circumstances

5.	Tell us about any learning difficulties that may cause you problems in paying your rent.	
6.	Tell us about any medical conditions or disabilities that may cause you difficulties in paying your rent.	
7.	Tell us about any mental health problems that may cause you difficulties in paying your rent.	
8.	Are you dealing with an addiction to drugs, alcohol or gambling? If yes please give details.	
9.	Have you had any difficulties managing your affairs because you need help to understand the English language? If yes please give details.	

10.	Have you recently experienced changes in your lifestyle that mean you are temporarily unable to deal with your financial affairs? If yes please give details.	
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11.	Do you have rent arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please tell us : How much are your rent arrears? £ The period they cover: from                      to Has your landlord taken any action to recover the rent arrears i.e. Court action, Notice of seeking possession, Notice to quit, sent you a letter, set-up a payment plan, other, please specify and provide any proof of action taken.
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12.	Have you had any previous problems paying your rent? If yes, please give details.	
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13.	Are you having deductions made from your Income Support or Jobseekers Allowance to pay rent arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide proof
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14.	Do you currently receive any ongoing support from an agency, organisation, friend or family member to help you organise your rent payments and finances? If yes, please give details.	Name of person/organisation:
		Telephone number:
		Address:
		Details of help provided:

15.	Is there anyone else who can help you to manage your financial affairs? If yes, please give details.	Name of person:
		Telephone number:
		Address:

16.	How long do you think direct payments will need to be made to your landlord?	13 weeks <input type="checkbox"/>	26 weeks <input type="checkbox"/>	52 weeks or more <input type="checkbox"/>
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17.	<p><b>Tenant's declaration :</b> Please sign and date the form below. If you have a partner they should also sign below</p> <ul style="list-style-type: none"> <li>▪ The information given in this form is true and correct.</li> <li>▪ I agree for my Local Housing Allowance to be paid directly to my landlord, up to the amount of my contractual rent.</li> <li>▪ I will contact the Housing Benefit department should I feel able to receive my benefit directly.</li> <li>▪ I have read and understood the declaration.</li> </ul> <p>Your signature..... Your Partner.....</p> <p>Date .....</p> <p>PLEASE REMEMBER TO INCLUDE DOCUMENTARY EVIDENCE WHERE POSSIBLE TO SUPPORT YOUR REQUEST</p>
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18.	<p><b>Declaration for person completing the form, if not the tenant:</b></p> <ul style="list-style-type: none"> <li>▪ The information is true and correct.</li> <li>▪ 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.</li> <li>▪ I have read and understand the declaration</li> </ul> <p>Name ..... Signature .....</p> <p>Date .....</p>
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**Further information**

If you would like any help or advice with this form, please  
**Telephone:** 01352 704848. This helpline is open Monday to Friday 8.30am - 5pm.  
**Email:** [benefits@flintshire.gov.uk](mailto:benefits@flintshire.gov.uk)  
**Visit:** Benefit Section, County Hall, Mold. CH7 6NR. Our office for personal visitors is open Monday to Friday 8.30am - 5pm and no appointment is necessary.

**Authorisation for the Council to Pay  
Local Housing Allowance Direct to the  
Landlord**

**THIS SECTION IS TO BE COMPLETED BY THE LANDLORD**

**Please note payments to  
Landlords cannot  
commence until this  
document duly  
completed has been  
received by the Benefit  
Department**

Name:	
Address:	
Postcode:	
Daytime telephone number:	

Tenant's name:	
Tenant's address:	

**I am willing to accept payment of the above Local Housing Allowance  
subject to the conditions stated below**

**CONDITIONS**

1. Should an overpayment of Local Housing Allowance occur, the Authority has the right to recover the overpayment from either the tenant or the person to whom the benefit has been paid (i.e. landlord). The Authority will examine each case in order to decide from whom recovery will be sought. If the Authority deems the overpayment to be recoverable from the landlord, then the debt must be repaid.
2. The landlord as well as the tenant must notify the Council whenever there is a change to the tenancy including the tenant leaving the accommodation, or and additional person living there.
3. The Council's Benefit Department cannot become involved in any dispute between the landlord and the tenant over outstanding charges.
4. The Council retains the right to withhold the Local Housing Allowance or pay it to the claimant should it so decide.
5. The Council cannot divulge any information about the claimant to the landlord.
6. I have read and understand the above conditions, therefore please pay the Local Housing Allowance direct to the following account;

What name or name is the account in?

Full name of Bank or Building Society

Sort code   -   -

Account number

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Roll number  
(Building Society Accounts only)

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Landlord's Signature.....

Date.....

**When completed, please return to:**

**FLINTSHIRE COUNTY COUNCIL  
BENEFIT DEPARTMENT  
COUNTY HALL  
MOLD  
FLINTSHIRE  
CH7 6NA**

**Telephone:** 01352 704848. This helpline is open Monday to Friday 8.30am - 5pm.

**Email:** [benefits@flintshire.gov.uk](mailto:benefits@flintshire.gov.uk)