

LOCAL HOUSING ALLOWANCE

APPLICATION FOR BENEFIT TO BE PAID TO A LANDLORD

Your Details	Your Landlord's Details
Name:	Name:
Address:	Address:
Post Code:	Post Code:
Telephone No.:	Telephone No.:

Payment of Local Housing Allowance will be made to you *unless* you are considered to be vulnerable or unlikely to pay your rent, or if you have rent arrears of eight weeks or more.

Further information about who may be considered vulnerable or unlikely to pay their rent is given in the leaflet '*Local Housing Allowance. Payment of Benefit to Landlords: A Guide for Claimants and Landlords*'. The leaflet also gives more information about what to do if you disagree with who the Council decides to make payments to, and where to get benefit and money advice.

Please do not be put off by the size of this form. We can help you fill it in, or you can ask anyone else to help you. If someone else completes the form for you then you must still sign the form if you can.

Please answer all questions, even if you are just ticking 'no', and give as much information as you can. The evidence you need to support your application is detailed at the end of each part of the form.

If you do not have any evidence or cannot provide the evidence asked for you should still return the form and ask the Benefits Team for advice.

The information you give and any evidence that you provide will be treated with strict confidence.

Please return the form to **Revenues & Benefits Team, East Dunbartonshire Council, William Patrick Library, 2/4 West High Street, Kirkintilloch, G66 1AD**. Enquiries can be made there or telephone **0800 901 057** or email **benefits@eastdunbarton.gov.uk**

OFFICE USE ONLY	
Benefit Ref.:	Evidence/information requested:
Final decision made:	Pay to: CLT <input type="checkbox"/> LLORD <input type="checkbox"/>

PART 1. ABOUT YOUR CIRCUMSTANCES

Please tell us why you think you are vulnerable or why you may be unlikely to pay your rent in the space below.

Please provide any evidence you have of your circumstances from: any appointee, Banks or Building Societies, the Citizens' Advice Bureau, other Council Services and Departments, the Department for Work & Pensions, your Doctor (or Consultant, Nurse etc.), your landlord, people or organisations you owe money to, the Police or Courts or your Probation Officer, or Welfare Rights.

PART 2. ABOUT PEOPLE WHO HELP YOU

Do you have anyone that helps you deal with your personal or financial affairs?

No Please go to Part 3.

Yes Please give the name of who helps you and details of how they help you manage in the space below.

Please provide any evidence you have of the help that you get from: any appointee, the Citizens' Advice Bureau, other Council Services and Departments, the Department for Work & Pensions, your Doctor (or Consultant, Nurse etc.) or Welfare Rights.

PART 3. ABOUT YOUR CURRENT TENANCY

Do you have rent arrears? No Go to Part 4.
Yes Please give details as asked for below.

How much rent do you owe? £

Has your landlord taken any action to recover the arrears? No Yes

Do you have an arrangement to pay your arrears? No Yes Give details below.

Please provide any evidence you have of your rent arrears from: Bank or Building Society statements, rent receipts, or letters from: courts, the Department for Work & Pensions, your landlord, or lawyers.

PART 4. ABOUT YOUR PREVIOUS TENANCIES

Have you ever been evicted by a landlord or had problems paying your rent in the past?

No Go to Part 5.

Yes Please give details in the space below.

Please provide any evidence you still have of your rent arrears from: Bank or Building Society statements, rent receipts, or letters from: courts, the Department for Work & Pensions, your previous landlord, or lawyers.

PART 5. ABOUT YOUR FINANCES

Please answer the following questions and give details where asked.

Do you have a Bank or Building Society account?

No Please tell us why you do not have one

Yes

Is the Department for Work & Pensions deducting money from your Benefit to pay any debts or loans?

No

Yes Please tell us how much and what for

Do you have any other debts that you think we should know about?

No

Yes Please tell us about these and how you are paying them.

Please provide any evidence you have of your finances from: Banks or Building Societies, the Citizens' Advice Bureau, other Council Services and Departments, Courts, the Department for Work & Pensions, or people or organisations you owe money to.

PART 6. ABOUT PAYMENTS TO YOUR LANDLORD

How long do you think that you will need payments to be made to your landlord?

3 months (12 weeks)

6 months (26 weeks)

1 year (52 weeks)

Other length of time

Please state how long

Please tell us why you think payments should go to your landlord for the length of time you have chosen in the space below.

Please provide any evidence you have to support the length of time that you would like payments to go to your landlord IF you have not already provided this evidence for other parts of the form.

PART 7. DECLARATION

PART 7A.

Please read this declaration carefully before you sign and date it. The declaration **must** be signed before a decision on payments can be made.

Even if someone else has filled in this form for you, you must sign this declaration **if you can**. If you cannot sign the form then your **appointee must sign** Part 7A, and Part 7B if they were the person that helped you complete the claim form.

- I declare that the information that I have given on this form is correct.
- I agree that you will use the information and any evidence I have provided to decide who my Local Housing Award will be paid to.
- I authorise you to check the information I have provided with other sources as allowed by law.
- I know that I must immediately report any change in circumstances that may affect any decision made to pay my Landlord directly.

Signature of Claimant

Date

PART 7B.

This part should be completed by the person that completed the form for the claimant.

Name,
Address &
Tel. No.

Relationship to claimant

Should all correspondence be sent to you? No Yes

Please tell us why you have filled in the form

- I declare that I have discussed all the questions on the form with the claimant and that the answers noted on this form are as provided to me.

Signature

Date

If you are the claimant's appointee then please provide proof of this if you have not done so previously.