



Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

Date		า	Case				
requested: issued:			reference:				
Re	Request for payments of Local Housing Allowance (LHA) to be						
pa	id to the landlord or t	hird pa	arty				
_		_	_				
Nan	ne of tenant:						
Add	ress of tenant:						
	, <del></del>						
	Please tick the box(s) that apply to you and provide the evidence required. Failure to provide						
	adequate supporting evidence will mean this request cannot be considered.						
	ison payment of LHA to the ten blem	nant is a	Evidence required				
	Addiction to drugs, alcohol or ga	ambling	Written evidence from support organisations, GP, Social Services, care workers, hospital etc.				
	Difficulties with reading and writ	ing	Written evidence from support organisations.				
	Fleeing domestic violence		Written evidence from support organisations or Social Services.				
	No experience of successfully managing their rent		Written evidence from support organisations.				
	History of non-payment of rent		Rent records and letters proving attempts to collect monies or evidence from a previous landlord.				
	Inability to speak English		Written evidence from support organisations.				
	Learning disabilities		Written evidence from care worker, GP or Social Services etc.				
	Medical condition or mental hea problems	ilth	Written evidence from care worker, GP or Social Services.				
	More than 8 weeks in arrears wi	ith rent	Rent records and letters proving attempts to collect monies.				
	Severe debt problems		Court Orders, CCJs, evidence from help groups, solicitors, creditors or debt advisors.				
	Unable to open a bank account		Letters from banks or money advisers.				

Now please answer all the questions on the following pages.

Copy of Court Order.

Doc Type: SAFEGUARD FORM

Undischarged bankrupt

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 he	elp/support you to manage your finances?			
☐ Yes ☐ No				
If 'Yes' please tell us who can help y	ou.			
Do you currently have any rent are	roare?			
	cais:			
☐ Yes ☐ No				
If 'Yes' please tell us how much and				
Amount P	eriod of arrears			

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.					
Amount	Debt				
Do you have anyone helping you	u 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.						
Amount	Income being deducted					
How long might you need payments to be made to your landlord?						
Please say whether you think this will be temporary or permanent change. For example, it could just be while you are in hospital or until other priority debts have been repaid.						

Completion of this form does not guarantee that payments of Housing Benefit will go directly to the landlord. Each application is assessed on its own individual merits.

# 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

<b>Please</b>	give the	following	details for	your	landlord
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Name and address of your landlord's bank/ building society	
Vous londlord's	
Your landlord's bank account number	
Your landlord's bank sort code	
OR	
Your landlord's	
building society account number	
Your landlord's	
building society roll number	
Tune of building	
Type of building society account	

## Declaration

Please read the Declaration carefully before you sign and date it.

### Warning:

If you provide false statements, information or documents to support your application or you continue to receive benefit or support when you knowingly fail to tell us about relevant changes of circumstances which happen after the date you make your claim, you will be guilty of an offence and may be prosecuted.

### I understand the following:

If I give information that is incorrect or incomplete, you may take action against me. You will use the information I have provided to process my application. The information I have given may lead to my Housing Benefit being paid directly to my landlord. You may check some of the information with other sources within the Council, Rent offices or other councils.

I declare that the informa	ation I have g	jiven on the fo	orm is correct	and com	olete.	
Signature of applicant:				Date:		
Form filled in by sor	neone othe	er than the p	erson clain	ning		
Please tell us why you are	filling in this f	form for someo	ne else.			
Name of the person who f in the form	illed					
Relationship to the claima	nt					
relation of the title claims						
Signature of the person						
Contact telephone numbe and/or address	r					

### Data Protection

The Council takes its obligations under the Data Protection Act very seriously and will not disclose information to any unauthorised person. If requested, information on names and addresses of individuals may sometimes be passed to other local authorities, public bodies and statutory utilities.

### **Guidance Notes**

# Request for payments of Local Housing Allowance (LHA) to be paid to the landlord

#### What is this form for?

The Benefits Service has to make all payments of Local Housing Allowance (LHA) to you, but we can consider making payments to your landlord where you will have difficulty managing your affairs.

### Who should complete this form?

You should complete this form, but family or friends, a carer, an advice or welfare agency, the landlord or letting agent or another service within the Council can also complete it on your behalf. You must answer all the questions, sign the form, and provide evidence to support the information given in this form. This can be from various sources depending on a person's individual circumstances. Please be fully aware that completion of this form may lead to your benefit being paid directly to your landlord.

### What happens next?

Send the form **together with relevant supporting evidence** to Benefit Services at the address shown overleaf. Tell us as much information as possible so that we can make a quick decision. In some cases it may be necessary to gather evidence or to interview you and/or your representative. We will write to you and anyone else affected, about our decision and of the right to appeal. Whilst the decision is being made payments may be sent to you.

However, in cases where you do not have a bank account, payments will be made to your landlord for a period of no longer than 8 weeks. After this time payments will be suspended until you provide bank details. If you can prove that you cannot obtain a bank account payments will continue to the landlord.

### How will the LHA be paid?

Where we decide to pay your landlord, they will only receive LHA up to the amount of the contractual rent. Your landlord will be paid every 4 weeks, in arrears.

### What do I do when my circumstances change?

If your circumstances change at any time, please remember to tell the Council straight away. This includes, for example, if you feel able to receive your benefit directly, if someone has joined or left your household or has a change in their income or capital, if you move, if child benefit has ended or if you or your partner has stopped being entitled to Income Support, Job Seekers Allowance (Income Based) or Guarantee Credit. These are examples only – if in doubt, please tell us anyway.

If you are receiving Pension Credit and have a change of circumstances it is also advisable to contact the Pension Service and inform them of your change; their telephone number is 0845 6060265.