

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.

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?

We must have evidence to show that you have difficulty managing your money and that it is in your interest that we pay your landlord directly. Evidence should usually be in writing.

People who can provide evidence include:

- the tenant
- friends and family of the tenant
- the landlord
- welfare groups (including money advisers)
- Social Services
- probation officers
- Jobcentre Plus
- The Pension Service
- homeless charities/organisations
- Supporting People teams
- Local/council rent deposit scheme administrators, homelessness or housing advice officers.

Please note this list is not exhaustive.

For office use

Claim ref:

Date Issued:

- 1 Name of tenant
- 2 Address of tenant
- 3 Person completing the form
- 4 Contact address and telephone number, if the above is not the tenant
- 5 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
- 6 Tell us about any learning disabilities that may cause you problems in paying your rent
- 7 Tell us about any physical disabilities or medical conditions that may cause you problems in paying your rent

17 **Is there anything else you need to tell us?**
If there is anything else that you think we should know about, please write it on pages 5&6.

18 **Tenants 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)

You	Your Partner
Date	

PLEASE REMEMBER TO INCLUDE DOCUMENTARY EVIDENCE WHERE POSSIBLE TO SUPPORT YOUR REQUEST

19 **Person completing the form, if not the tenant**

- The information given is true and correct
- I believe it to be in the best interest of the tenant to pay Local Housing Allowance directly to their landlord
- I have read and understood the declaration. Please sign and date the form below.

Name

Signature

Date

Is there anything else you think we should know about? Please write it here.

Is there anything else you think we should know about? Please write it here.

Help with Translation

If you, or someone you know, need a translation of any part of this document please tick the box for the language required and complete the form below.
Telephone 020 8770 5000 for more information.

Nëse ju ose dikush që njihni ka nevojë për një përkthim të ndonjë pjese të këtij dokumenti, ju lutemi shënoni me v kutinë për gjuhën e kërkuar dhe plotësoni formularin e mëposhtëm. Për më tepër informacion telefononi numrin 020 8770 5000.

Albanian

إذا كنت أنت، أو شخص آخر تعرفه، بحاجة إلى ترجمة لأي جزء من هذه الوثيقة، فيرجى وضع إشارة في الخانة الخاصة باللغة المطلوبة وإكمال الاستمارة أدناه. ومن أجل الحصول على المزيد من المعلومات يرجى الاتصال بالهاتف رقم 020 8770 5000.

Arabic

যদি আপনার, অথবা আপনার পরিচিত কোন বোনের, এই দুইলাটির কোন অংশের অনুবাদের দরকার হয়, তাহলে যে ভাষায় অনুবাদের দরকার সেই ভাষার গণের খালি ঘরে টিক চিহ্ন দিন এক নিচের বকরটি পূরণ করুন। এই ব্যাপারে আরো তথ্য বা খবরাখবরের জন্য 020 8770 5000 নম্বরে ফোন করুন।

Bengali

શ્રી તમને, અથવા તમે જાણતા કોય તેવી કોઈ વ્યક્તિને આ દસ્તાવેજના કોઈ પણ ભાગના તરજુમાની જરૂર કોય તો, કૃપા કરી શીર્ષતી ભાષાના બોક્ષમાં નિશાની કરી અને નીચેનું કોર્મ પૂરું કરો. વધારે માહિતી માટે 020 8770 5000 ઉપર ફોન કરો.

Gujarati

यदि आपको, या किसी और को जिससे आप जानते हैं, ह्सा दरसावेज के किसी भाग का अनुवाद चाहिए तो कृपया चिह्नित भाषा के बक्स में सही का निशान लगाकर नीचे दिए हुए फार्म को भर दें। अधिक जानकारी के लिए 020 8770 5000 पर टेलीफोन करें।

Hindi

如果你或你認識的人需要將此文件之任何部份翻譯，請在所需的語言上打✓，並填妥下列表格。要索取更多資料請致電020 8770 5000。

Chinese

اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کے کسی حصے کی ضرورت ہے تو براہ مہربانی مطلوبہ زبان کے خانے میں ٹک مارا نشان لگائیں اور نیچے دی گئی فارم مکمل کریں۔ مزید معلومات کے لئے نمبر 020 8770 5000 پر رابطہ کریں۔

Urdu

Many publications can be downloaded directly from our website: www.sutton.gov.uk. Otherwise if you need any of the information in this document in large print, braille, or audiotape please tick the box and complete the form.

Name
Address

Telephone no.

Please return this form to:

London Borough of Sutton
Civic Offices
St Nicholas Way
SUTTON SM1 1EA

Please return this form, together with documentary proof to support the information provided, to:
Housing Benefits, London Borough of Sutton, Civic Offices, St Nicholas Way, Sutton. SM1 1EA.

How we collect and use information.

London Borough Sutton is under a duty to protect the public funds it administers, and may use the information provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. We will not give information about you to anyone else, or use information about you for other purposes unless the law allows this. For further information on data matching, see www.sutton.gov.uk/a-zservice/datamatchingandnationalfraudinitiative.htm or contact Simon Bailey 020 8770 5260.