(LHA4-Apr08)



Revenues & Benefits

Civic Centre, 44 York Street

Twickenham

Telephone: 020 8891 7724 Fax: 020 8891 7933

Minicom: 020 8831 6210

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## Request to pay Local Housing Allowance to the landlord

| 1. Tenant's details  |  |  |  |  |
|--|--|--|--|--|
| Full name  |  |  |  |  |
| Address  |  |  |  |  |
|  |  |  |  |  |
|  | Postcode                               |  |  |  |
| Telephone number   |  |  |  |  |
| Benefit claim number (if known)  |  |  |  |  |
| 2. Landlord's details  |  |  |  |  |
| Full name  |  |  |  |  |
| Address  |  |  |  |  |
|  | Destrode                               |  |  |  |
|  | Postcode                               |  |  |  |
| Telephone number   |  |  |  |  |
| 3. Reason for Request:   |  |  |  |  |
| I am / the tenant is 8 we  | eks or more in arrears with their rent |  |  |  |
| I am / the tenant is unlik   | ely to pay the rent                    |  |  |  |
| I am/ the tenant is likely to have difficulty managing their rent payments     |  |  |  |  |
| 4. Details of Rent Arrears   |  |  |  |  |
| If there are rent arrears please tell us how much these are.                   |  |  |  |  |
| What period do they cover? from/ to/   |  |  |  |  |
| Please explain what action has been taken to recover these arrears             |  |  |  |  |
| (For example, a letter asking for payment or court action to recover the rent) |  |  |  |  |
|  |  |  |  |  |

| Please tell us about anything that makes it difficult for you to manage your money and pay your rent. It is important that you give us as much information as possible. We will use this information to decide whether it is appropriate to pay your housing benefit direct to your landlord. |  |  |  |  |
|---|--|--|--|--|
| If you want to know more about how we make a decision please ask for a copy of our Safeguard Policy.  |  |  |  |  |
|   |  |  |  |  |
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|   |  |  |  |  |
|   |  |  |  |  |

5. Please explain why you are asking for housing benefit to be paid to the landlord.

## 6. Written Evidence

Written evidence needs to be provided to support the information given in sections 4 & 5. Please provide original documents, not photocopies. Where possible, please do not send valuable documents in the post. Please visit the Civic Centre where we will copy them for you.

| Please tick below to tell us what evidence you are including to support this request (tick all evidence provided).  |  |  |  |  |
|---|--|--|--|--|
| Rent Statement / Rent Arrears letter  |  |  |  |  |
| Letter from Support Worker  |  |  |  |  |
| Letter from GP/Hospital   |  |  |  |  |
| Letter from CAB/ other advice agency  |  |  |  |  |
| Other   |  |  |  |  |
| Other   |  |  |  |  |
| Other (please specify)  |  |  |  |  |
| 7. If you are not providing any evidence with this form, please explain why. If you cannot provide evidence straightaway please tell us when you will be able to send it to us. |  |  |  |  |
|   |  |  |  |  |

## 8. Declaration - Please read this declaration carefully and sign below

- I declare that the information I have given on this form is correct and complete.
- I give you my permission to make any enquiries that are needed to check the information on this form.
- I agree that my Local Housing Allowance be paid directly to my landlord, up to the amount of my contractual rent.
- I will contact the Housing Benefit department should I feel able to receive my benefit directly.

| directly.   |   |      |  |  |  |  |
|---|---|------|--|--|--|--|
| Your signature  |   | Date |  |  |  |  |
| Declaration of the person filling in the form on behalf of the tenant   |   |      |  |  |  |  |
| Please explain why the tenant is unable to complete the form  |   |      |  |  |  |  |
|   |   |      |  |  |  |  |
|   |   |      |  |  |  |  |
| I declare that the information I have given on this form is correct and complete as far as  |   |      |  |  |  |  |
| <ul> <li>I know and believe.</li> <li>I believe it to be in the best interest of the tenant to pay the Local Housing Allowance, up</li> </ul> |   |      |  |  |  |  |
| to the amount of the contractual rent, directly to the landlord.  |   |      |  |  |  |  |
| Signature   |   | Date |  |  |  |  |
| Oignataro   |   | Bato |  |  |  |  |
| Full name   |   |      |  |  |  |  |
|   |   |      |  |  |  |  |
| Address and   |   |      |  |  |  |  |
| phone number  |   |      |  |  |  |  |
|   | j |      |  |  |  |  |

## Please return the form and evidence to: Revenues and Benefits, Civic Centre, 44 York Street, Twickenham TW1 3BZ

We are open from 9am to 5.15 pm Monday to Thursday, and from 9am to 5pm on Fridays.

If you need any help with the form, our phone number is 020 8891 7724. If you have problems hearing, our minicom number is 020 8831 6210. You can fax us on 020 8891 7933.

You can email us at revben@richmond.gov.uk

There is a copy of this form and more information about the Local Housing Allowance on our website at <a href="https://www.richmond.gov.uk/housing\_benefits/local\_housing\_allowance">www.richmond.gov.uk/housing\_benefits/local\_housing\_allowance</a>

Please contact us if you need a copy of this form in Braille, large print, on audio tape or in another language.