



Local Housing Allowance

Housing Benefits

Ty Elwyn Llanelli SA15 3AP

Tel: (01554) 742100

For Official use only
Date received stamp

Claim reference number if known

Application for payment of Local Housing Allowance to your landlord

What is this form for?

Normally we will pay Local Housing Allowance to you. But in some cases we can pay Local Housing Allowance to your landlord on your behalf, for example where you are likely to have difficulty in relation to the management of your financial affairs.

You may not need to answer all the questions in this form but please try to give as much information as you can. Please send us any proof we have asked for.

The information you give on this form will help us to decide if it is appropriate to pay your landlord. By filling in and signing this form you authorise us to pay your Local Housing Allowance to your landlord

Who should fill in this form?

Where possible you, the tenant, should fill in the form but you can ask someone to fill it in for you. It could be:

- family or friends
- your main carer
- a support worker
- an advice centre or welfare agency
- the landlord or letting agent
- a person who works for another service within the Council.

You must always sign the form. If you cannot sign the form you need to tell us why in the **Declaration**.

What should be sent with this form?

We need to see written proof to support the information you give us in this form. This can be from various sources depending on your circumstances, for example

- welfare groups
- care workers
- Social Services
- the Department for Work and Pensions (DWP)
- your General Practitioner (GP)
- a hospital
- courts
- Probation Officers
- your family or friends
- your landlord or letting agent.

Please note this list is not complete and we may also accept evidence from other sources.

Application for payment of Local Housing Allowance to your landlord cont...

About the tenant

Surname or family name

Other names

Date of birth NINO

Address
Postcode

Phone number
Code Number

Date of moving in / /

About the landlord

Landlord's name

Other names
Address
Postcode

Phone number
Code Number

Name of the person filling in this form

Are you the tenant? No Please tell us about yourself on the next page.
Yes

Application for payment of Local Housing Allowance to your landlord cont ...

Name

Address

Postcode

Phone number

Code	Number
------	--------

What is your relationship to the tenant?

About your rent

1 Do you / your partner have difficulty paying your rent?

No

Yes

2 Do you/ your partner have rent arrears?

No

Yes Please tell us about this below.

How much are your arrears?

£

What period do they cover?

From / / To / /

3 Has your landlord taken any action to recover the rent arrears?

No

Yes Please tell us about this below.

What action has the landlord taken?

Court action

Notice of Seeking Possession

Notice to Quit

A letter

Set up a payment plan

Other – please specify

Application for payment of Local Housing Allowance to your landlord cont ...

4 Have you / your partner asked your landlord to reduce the rent?

No

Yes Please send us the reply from your landlord.

5 Have you / your partner had difficulty paying rent in the past?

No

Yes Please tell us why you have had problems.

About other bills

6 Do you / your partner have any money deducted from your:
▪ Income Support
▪ Jobseeker's Allowance
▪ Pension Credit
to pay any arrears?

No

Yes

What is this for?
Tick the boxes that apply and send us proof of the deductions

Rent

Gas

Electricity

Water rates

7 Do you / your partner need help to deal with all your debts?

No

Yes Please remember to fill in the financial assessment at the end of this form

About other bills - continued

8 Do you / your partner currently get support from anyone or any organisation to help you with your rent and debts?

No

Yes Please tell us about them
Name

Postcode

Payment to your landlord

11 Do you think your Local Housing Allowance payments should be made directly to your landlord?

No

Yes

Please give your reasons

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

1 month

3 months

6 months

9 months

12 month

Longer than 12 months

Please tell us how long and why.

13 Please use this space to tell us anything else you think we might need to know. You can continue on a separate sheet of paper if you need to.

Application for payment of Local Housing Allowance to your landlord cont...

Declaration

Please read the declaration below and sign and date it. If you have a partner they should also sign below. We use *partner* to mean:

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **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 e.g. when I am no longer 8 weeks or more in arrears, when I am able to manage my money.
- **I have read and understood the declaration.**
- **I agree that you may ask any of the people or organisations mentioned in this form for any information which is needed to deal with my request.**
- **I declare that you may share information with the Citizen’s Advice Bureau if I agree to taking Money Advice.**

Your signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Your partner’s Signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>

Declaration of the person filling in the form on behalf of the tenant

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **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.
- **I have read and understood the declaration.**

Signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Name in full	<input type="text"/>				

More information

If you need help with this form or want to know more about payments to your landlord you can

- phone your Housing Benefit department on 08002889002
- email us at housing.benefits@Carmarthenshire.gov.uk
- visit your nearest customer service centre at:
- 3 Spilman Street, Carmarthen
- Ty Elwyn, Llanelli
- Town Hall, Iscennen Road, Ammanford
- Write to us at Housing Benefit Section, 2nd Floor, Ty Elwyn, Llanelli, SA15 3AP

For office use		Review			
Decision	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>

Financial assessment

Officer's Name

Date

Please fill in this assessment if you would like us to put you in touch with the Citizens Advice Money Advice Service.

Weekly income	You	Your Partner
Net earnings from employment	£	£
Income Support or Job Seekers Allowance	£	£
Working Tax Credit or Child Tax Credit	£	£
Housing Benefit	£	£
Child Benefit	£	£
Pension Credit, State Pension or Works Pension	£	£
Any other state benefit	£	£
Money received from parents or friends	£	£
Any other income – please give source	£	£
	£	£
Total weekly income	£	£
Joint total A	£	

Weekly expenses Please change any monthly expenses to weekly figures	Weekly payments	Arrears if any
Rent	£	£
Mortgage	£	£
Council Tax	£	£
Electricity	£	£
Gas	£	£
Water rates	£	£
TV licence and rental	£	£
Telephone	£	£
Food	£	£
Household products	£	£
Clothing	£	£
Car or public transport	£	£
Maintenance	£	£
Fines	£	£
Other expenses – please say what they are	£	£
Total weekly expenses B	£	£
Weekly income less weekly expenses: total A-total B	£	£

Loans and other credit debts Name of lender	Balance owing	Weekly repayments
1		
2		
3		
4		
5		
6		
7		
8		
Total weekly repayments		£