Claim Reference	Nationa	nal Insurance
Number	Numbe	er

Telephone: 0115 718 4444

Email: benefits.housing@nottinghamcity.gov.uk

Nottingham City Council Admail 4270 Nottingham NG1 9YZ

Application for Direct Payments of LHA to your Landlord

What is this form for?

Nottingham City Council has to make all payments of Local Housing Allowance (LHA) direct to you, but we can make payments direct to your landlord where you have difficulty managing your affairs.

The information you provide in this form will help us decide whether it is appropriate to pay LHA direct to your landlord. You may not need to complete all the questions, as some of these may not be relevant to you, but you should try to give as much information and evidence as possible to enable us to make an informed decision.

The Financial Assessment form should only be completed if you would like assistance with money advice issues.

Who should complete this form?

This form should be completed by you, the tenant, but it can also be completed on your behalf by:

- · Family or friends
- Main carer
- An advice or welfare agency
- The landlord or letting agent
- Another service within the Council

Either yourself or your representative must always sign the form, and be fully aware that it may lead to your Local Housing Allowance being paid direct to your landlord.

What should be sent with this form?

Written evidence needs to be provided to support the information given in this form. This can be from various sources depending on your individual circumstances, for example:

- Family and/or friends
- Landlord
- General Practitioner (GP)
- Probation Officer
- Social Worker
- Main Carer
- Welfare Groups
- Department for Works & Pensions

Please note, this list is not exhaustive.

Claim Reference Number			National Insurance Number	
· ·	,,,,		rumbor	
Tena	ants Name:			
Tenants Address:				
Tenants Contact number:		ber:	Tenants Email address:	
	ne of person comp if not tenant:	oleting the		
	tact address and ber, if the above i nt			
Please tell us your relationship to the tenant and the reason for completing the form on their behalf		son for		
1	Tell us about an disabilities that i you problems in your rent	may cause		
2	Tell us about an disabilities or me conditions that r you problems in rent	edical nay cause		
3	Tell us about an health problems hinder your abili your rent	that may		
4	Are you affected addiction? E.g. alcoholism, misuse, gamblir	substance		
5	Have you encoudifficulties in mayour affairs becaneed assistance understanding E	naging ause you with		
6	Please tell us all recent changes you need addition support, or if you any in the near the support of the suppo	oout any that mean onal u anticipate		

Claim Reference Number		erence				ational Insurance umber			
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7	Α	Do you have	e rent arrears	Yes			No		
	В	How much a	are your rent	:					
	С	arrears The period t	hey cover						
	D	Are they the Liability	result of you n	you not paying the difference between your Housing Benefit and your rent Yes No					
	E	J	ndlord taken an						
		Has your landlord taken any action to recover the rent? (Please circle an action taken and send us any proof you have)							
		Court Action / Notice Seeking Possession / Notice to Quit / A Letter / A Payment Plan							
		Other (pleas	se specify)						
		Have you tri	ed to re-negotia	ate with your la	nd	lord about reducir	ıg yo	ur rent?	
				Yes					No
8	pro ren	ve you had a oblems in mai nt payments a ease explain v	intaining and if so						
9	and	o you have multiple debts and need assistance to solve them?							
10	any an you	ny ongoing support from n agency that can help ou organise rent ayments?							
11	Ca you fina	an anyone else support ou in managing your ancial affairs or do you sed help with this?							
12	ma	e you having on the your bay debts?							
13	Но	How long might you need payments to be made to the landlord?							
	2	26 Weeks				52 Weeks			
	If y wh		ayments to be s	ent for a longe	r oı	r shorter period of	time	e, please spe	cify and tell us

Numb	er		Number				
14	14 Tenant's Declaration						
	 The Information given is true and correct I agree for my LHA to be paid direct to my landlord I will contact the Council should I feel I am able to receive my benefits directly 						
	Please sign and date the form (if you have a partner, they should also sign here)						
	You:		Your Partner:				
	Date:						
15	Person comp	leting the form, if not tenant					
	 The Information given is true and correct I believe it to be in the best interest of the tenant to pay LHA direct to their landlord I have read and understood the declaration. Please sign and date the form 						
	Name:		Signature:				
	Date:						
Plea	se use this spa	ace for any additional informa	ntion indicating the que	estion you are referring to.			

National Insurance

Claim Reference