



Payment to landlord request form

(For completion by the tenant)

From June 2005, under the Local Housing Allowance (LHA) scheme, benefit payments will normally be sent direct to tenants.

If you think that receiving direct payments will cause you serious problems, please complete this form and return it to us, with the evidence we need.

Name _____

Address _____

Claim reference number _____

Please tick the box or boxes that apply to you and provide the evidence required.

Reason direct payment is a problem	Evidence required
<input type="checkbox"/> I have learning disabilities that make it difficult to manage my finances	Written evidence from social worker, support worker, GP, etc
<input type="checkbox"/> I have a medical condition or mental health problem which makes it difficult to manage my finances	Written evidence from social worker, support worker, GP, etc
<input type="checkbox"/> I have serious difficulties with reading and writing	Written evidence from support organisations
<input type="checkbox"/> I do not speak English	Written evidence from support organisations
<input type="checkbox"/> I am dealing with addiction to drugs, alcohol or gambling	Written evidence from support organisations, GP, social services, care workers, hospital, etc
<input type="checkbox"/> I am fleeing domestic violence	Written evidence from support organisations, social services, etc
<input type="checkbox"/> I have recently been released from prison	Written evidence from the prison or the probation service
<input type="checkbox"/> I have severe debt problems	Court orders, CCJs, evidence from help groups, solicitors, creditors, debt advisers, etc
<input type="checkbox"/> I am an undischarged bankrupt	Copy of court order
<input type="checkbox"/> I am unable to open a bank account	Letters from banks or money advisers

Reason direct payment is a problem	Evidence required
<input type="checkbox"/> I have a history of homelessness	Evidence from support organisations, homeless charity, etc
<input type="checkbox"/> None of the problems above apply to me, but direct payments will be difficult for me because:	

Please use this space to tell us anything else you would like us to consider:

Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

I **declare** that the information I have given in this form is correct and I **authorise** you to make enquiries to check any of the information or evidence I have provided.

Signature _____ Date _____

If this form has been completed by someone other than the tenant, please complete this declaration:

I declare that, as far as possible, I have confirmed with the tenant that the information I have written on this form is correct.

Name of the person who filled in the form _____

Relationship to the tenant _____

Signature _____ Date _____



If you require this form in another language or format, eg large print, audio cassette or Braille, please call 0344 980 3333 or email info@norwich.gov.uk