

For Office Use Only	
Ben Ref No	
Date of Issue	
Date of Receipt	

LOCAL HOUSING ALLOWANCE

Application for Payment of Benefit Directly To Landlord

Local Housing Allowance is payment of Housing Benefit and this will normally be sent to the claimant. We can, in certain situations pay this to the landlord but in order to do this you must provide details as to why this would be appropriate. Please give as much information as possible and if you can, please provide proof. We may contact you in order to discuss or clarify your answers. **Please complete using black ink.**

Tenant's name	
Tenant's Address	
Telephone Number <i>(a contact number is required as we may need to speak to you)</i>	

Please complete each question – we may not be able to consider your request if you do not provide full information.

<p>I have a medical condition that may cause me problems paying the rent. <i>By this we mean that you suffer from a physical or mental condition that may affect how you manage your affairs. This could be dementia, depression or a physical condition that makes it difficult for you to go out. Please tell us how long you have had the condition, how long it is likely to last and any medication you may be on.</i></p>	<p>YES / NO</p> <p>Please give details below.</p>

<p>I have an addiction problem that may cause me problems dealing with my finances. <i>This could be a current or past problem with alcohol, drugs or gambling. Please tell us how long you have had the condition, how long it is likely to last and any medication you may be on.</i></p>	<p>YES / NO</p> <p>Please give details below.</p>

<p>Are you receiving help from any organisation or agency to help you manage your affairs? <i>If you are receiving support please tell us what kind of support and who provides it.</i></p>	<p>YES / NO</p> <p>Please give details below.</p>

Revenues and Benefits Section

The tenant has rent arrears. <i>Please provide proof of this.</i>	YES / NO
How much are the arrears? £	
What period does this cover? From To	
What action has the landlord taken to recover the arrears?	
Have you had problems paying your rent in the past?	
Do you have other debts that you need to deal with?	

Declaration

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

- **I declare that** the information I have given on this form is correct and complete.
- **I understand that** if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I agree that** you will use the information I have provided to process my claim for Local Housing Allowance.
- **I agree** that you can pay my benefit direct to my landlord.
- **I understand that** the data held by you may be used for cross-system and cross-authority comparison purposes for the prevention and detection of fraud.
- **I know that** I must let you know about any change in circumstances that might affect my claim.

Tenant's signature	Date
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Forms filled in by someone else who is not the person claiming

Have you filled in this form for someone else?	YES / NO
If Yes, please tell us why. <i>(e.g. illness/disability)</i>	

Please read and sign below the following declaration.

- **I understand** that it is an offence to deliberately give false information.
- **I declare that** the information I have given on this form is correct and complete.

Your signature	Your relationship to the tenant	Date
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Please return this completed form to East Ayrshire Council, Revenues and Benefits Section, PO Box 13, Civic Centre, Kilmarnock KA1 1LZ. You can contact us on 01563 554400.