

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>

