



**Doncaster
Council**

Housing Benefit and
Council Tax Support Section
Civic Office
Waterdale
Doncaster
DN1 3BU
Telephone: 01302 735336

REQUEST FOR HOUSING BENEFIT TO BE PAID TO A LANDLORD

Payments of Housing Benefit under the Local Housing Allowance Scheme are normally paid to the tenant. A tenant cannot choose to have their Housing Benefit paid to their landlord.

It is recognised that paying Housing Benefit to the tenant may cause difficulties and in certain circumstances we can pay Housing Benefit to the landlord. If you think paying Housing Benefit to the tenant will cause difficulties, please complete this form and return it to us.

Who should complete this form?

Either the tenant or someone acting on their behalf such as their landlord, family or friends, a support organisation, a care worker, or a doctor or other medical professional can complete this form.

If this form has been completed by someone other than the tenant, the tenant must complete the 'Tenant's Consent' part at the end of this form. But, the tenant does not need to sign this part if they are unable to do so, or if the landlord is making this application because the tenant is in rent arrears.

What evidence do we need with this form?

You must provide written evidence to support the request for Housing Benefit to be paid to the landlord. The table on the next page tells you what evidence we need. If a support organisation, care worker or medical professional completes this form, we may not need further written evidence. We will contact you if we need more evidence.

Tenant's name: _____

Tenant's address: _____

Telephone number: _____

Benefit Reference/Number (if you know this): _____

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

Reason direct payment causes difficulties	Written evidence required from
<input type="checkbox"/> Learning difficulties that make it difficult to manage finances	A Support Worker, doctor or Social Services
<input type="checkbox"/> Medical condition or mental health problem which makes it difficult to manage finances	A Care Worker, doctor or Social Services
<input type="checkbox"/> Serious difficulties reading or writing	A support organisation
<input type="checkbox"/> Cannot speak English	A support organisation
<input type="checkbox"/> Dealing with addiction to drugs, alcohol or gambling	A support organisation, doctor, Social Services, Care Worker or hospital
<input type="checkbox"/> Fleeing domestic violence	A support organisation or Social Services
<input type="checkbox"/> Recently released from Prison	The Prison or Probation Service
<input type="checkbox"/> Severe debt problems	Court Orders, CCJs evidence from help groups, solicitors, creditors or debt advisors
<input type="checkbox"/> An undischarged bankruptcy	Copy of Court order
<input type="checkbox"/> History of Homelessness	A support organisation or Homeless charity
<input type="checkbox"/> History of non-payment of rent	Tenant's rent book showing arrears or Rent Statement Form completed by the landlord at the end of this form.
<input type="checkbox"/> There are arrears of more than 8 weeks	
<input type="checkbox"/> None of the previous reasons apply but direct payments to the tenant will cause difficulties because:	

If we decide to pay Housing Benefit direct to the landlord, we will normally only do this for a short time.

1. How long do you want us to pay Housing Benefit direct to the landlord?

3 Months

6 Months

12 Months

2. Please tell us about any help or support being received or planned so Housing Benefit can be paid direct to the tenant in the future.

Declaration (tenant or person completing form)

I declare that the information I have given on this form is correct.

I authorise you to make enquires to check any of the information or evidence provided.

Signature: _____

Date: _____

If this form has not been completed by the tenant, please complete this section.

Details of person who has completed the form

Name: _____ Organisation: _____

Address: _____

Telephone Number: _____

Relationship to tenant: _____

If this form has been completed by a third party, for example a support worker or relative, please complete this section also

Does the tenant have an appointee or someone with a power of attorney

Yes

No

If **yes**, please supply details of the person's name and address

Name: _____

Address: _____

Telephone Number: _____

Relationship to tenant: _____

Please use the space below to tell us how the tenant's circumstances prevent them from managing their finances.

Tenant's Consent

We need the tenant's authorisation for you to act on their behalf in this matter. Unless you have already provided authorisation, please ask the tenant to complete and sign this part.

I authorise _____ to act on my behalf in requesting payment of my Housing Benefit to my landlord.

Tenant's signature: _____

Date: _____

Where possible the tenant must sign the form and be aware of the request.

