



LANCASTER CITY COUNCIL
Promoting City, Coast & Countryside

REVENUE SERVICES

**Request for payments of
Housing Benefit to be made
directly to a landlord**



CUSTOMER SERVICE EXCELLENCE



This form can be completed by the tenant, landlord, support worker or other representative but it must be signed by the tenant.

Please read the enclosed guidance notes before completing this form.

If you require help completing this form please contact the Benefits Team.

Name of tenant

Address of tenant

Housing Benefit Reference Number

Please state full reasons why Housing Benefit payments should be made to the landlord and attach supporting evidence (see the enclosed guidance notes).

Please give details of advice/support worker (if applicable)	
Name	
Organisation	
Contact number	

If there is not an advice/ support worker and one is needed, there is a local group that provides tenancy management support. The group is known as DISC (Developing Initiatives Supporting Communities). Further information about this group can be obtained from the Benefits Team.

Have there been previous problems in paying rent? Yes No

If yes, please provide details

Are there currently rent arrears? Yes No

If yes, how much are the rent arrears?

What period do the arrears cover?

Are there any other debts or loans? Yes No

Has advice been taken from Citizens Advice Bureau or other debt specialist? Yes No

If yes, please provide supporting details and evidence or the advice worker's name and contact number

If no and you would like a referral made to the Citizens Advice Bureau for money management advice, please tick this box

Person completing the form, if not the tenant

Please tell us why you are filling in this form for the tenant.

Please provide your contact details and sign and date the form below

Name

Address

Contact number

Signature

Date

Tenant's consent

- I give my consent for you to contact other organisations or people to check the information that has been provided on this form and to obtain further information, where appropriate.
- I give my consent for you to share information about this request and about my claim for Housing Benefit/Council Tax Benefit with the Advice/Support Worker named on this form.

Declaration:

I understand that I must tell the Benefits Team of any changes in my circumstances that might affect my entitlement to Housing Benefit and/or the way that it is paid.

Please sign and date the form below

Name

Signature

Date

Please return this form to: Revenue Services
PO Box 4
Lancaster
LA1 1QR