

**Application for payment of Local Housing Allowance to your landlord**

**About the tenant**

Surname

Other names

Date of birth

National Insurance  
Number

Address

Phone number

Date of  
moving in

Name of person  
filling in this form

Are you the tenant?

Yes

No

Please tell us about yourself below

Name

Address  
(including phone  
number)

What is your  
relationship to  
the tenant?

## About the landlord

Landlord's name

Address  
(including phone  
number)

---

## About your rent

1. Do you/your partner  
have difficulty paying  
your rent?

2. Do you/your partner  
have rent arrears?

If yes, how much are they  
and what period do they  
cover?

3. Has your landlord taken  
any action to recover these  
rent arrears?

Yes

No

If yes, what action has the  
landlord taken?

Court action

Notice of seeking Possession

Notice to Quit

A letter

Set up a  
Payment plan

Other – please specify

4. Have you/your partner  
had difficulty paying rent  
in the past? If so, please  
give details

Do you/your partner currently get support from anyone or any organisation to help you with your rent and/or debts?

No

Yes

Please provide details

### Reason for paying Local Housing Allowance to the landlord

Please tell us if there is anything that makes it difficult for you/your partner to manage your rent and/or debts - Please tick the boxes that apply and give details. Please send us any written proof you hold to support this

Physical disabilities		
Medical conditions		
Mental Health problems		
Language difficulties		
Addictions – Gambling Alcohol Drugs		
Other		

Please state the reasons why you think your Local Housing Allowance payments should be paid to your landlord – if a decision is made to pay a landlord this decision will be reviewed. We will ask you if you can now accept the payments at this review time.

How long do you think payments will need to be made to your landlord? – if over 6 months please give reasons


