

Application for Direct Payment to Landlord

Claimants name

Claimants address
(inc
postcode)

Landlords name

Landlords address
(inc
postcode)

Reason for request of Direct Payment to Landlord

Claim number

Application made by

Claimant

Landlord

Agency

Other (please specify below)

Applicants name

Relationship to claimant

Reasons for Request for Direct Payment to Landlord

Please tick the check box and ensure the evidence is provided with this form

Learning Disability

Written evidence from Care Worker, GP, Social Services, DWP etc

Medical Condition i.e. dementia, terminal illness

Written evidence from Care Workers, GP, Social Services, hospital etc

Illiteracy or an "Inability to speak English"

Written evidence from Support Organisations

Addiction to drugs, alcohol, gambling

Written evidence from Support Organisations, GP, Social Services, hospital, care workers etc

Fleeing domestic violence/single homeless (care leaver), leaving prison

Written evidence from Support Organisations, probationary service, social services

Severe debt problems - recent CCJs

Evidence from help groups, creditors, court orders, solicitors etc

Undischarged bankruptcy

Copy of Court Order

Inability to open bank account

Letters from bank or money advisors

Is in receipt of help from homeless charity

Evidence from charity

Evidence of Rent or Top Up Arrears - 8 weeks

Rent Records and letters proving attempts to collect monies

Evidence of missed payments 2 consecutive payments

Rent Records and letters proving attempts to collect monies

Security of tenure

Written evidence from landlord, Housing Options, support organisations



The personal information you supply on this form will be used for the processing of Housing Benefit and Council Tax Support and will be used in accordance with the Data Protection Act 1998. For more information go to www.eastherts.gov.uk/dataprotection or contact the Council's Information Management team by email on foi@eastherts.gov.uk or by telephone on 01279 655261.



I declare that the above information is correct

Signature

Date

Please complete, print and return this form as soon as possible to:
The Benefits Service, Council Offices, Wallfields, Pegs Lane, Hertford SG13 8EQ
Alternatively click the send button below. This will open your email application and attach as a new message.

Independent Advice is available from your local Citizens Advice Bureaux

Bishop's Stortford

Methodist Church
34B South Street
Bishop's Stortford
CM23 3AZ

Hertford

Sele Community Hub
18 Fleming Crescent
Hertford
SG14 2DJ

Buntingford

Manor House
High Street
Buntingford
SG9 9AB

Stevenage

Sixth Floor
Daneshill House
Danestrete
Stevenage
SG1 1BY

Hertfordshire telephone advice line

03444 111 444
10am-4pm Monday - Friday
www.ehcas.org.uk

Information

If you would like a translation of this document in another language, large print, Braille, audio, or electronic, please contact us:

For East Herts Council 01279 655261

Our opening hours are as follows:

Tuesdays - Wallfields, Hertford, 10am-2pm.

Wednesdays - Bishop's Stortford Library, 10am-1.30pm.

Thursdays - Wallfields, Hertford, 10am-2pm.

Fridays - Bishop's Stortford Library, 10am-1.30pm.

For Stevenage Borough Council 01438 242440

Customer Services Centre,
Daneshill House, Stevenage,
Herts SG1 1HN

Mon - Fri 9am - 5pm

Email: benefits@hertspartnership-ala.gov.uk

www.eastherts.gov.uk www.stevenage.gov.uk

We will provide signers, lipspeakers and deaf blind interpreters by appointment.

(We need to see original documents. If you visit our office we will verify and copy your documents for you)

OFFICE USE ONLY

Direct payment

Payment to claimant

Reason for decision

Officer

Date

Review date